

## CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT HARASSMENT, DISCRIMINATION AND RETALIATION COMPLAINT FORM

If you believe that you have been subjected to harassment, discrimination or retaliation, you may complete this form and submit this form to a designated complaint officer. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting the alleged harassment, discrimination or retaliation orally or in another manner, a designated complaint officer may complete this form on your behalf and discuss with you next steps.

**For additional resources, visit: [ny.gov/programs/combating-sexual-harassment-workplace](http://ny.gov/programs/combating-sexual-harassment-workplace)**

### COMPLAINANT INFORMATION

Name: \_\_\_\_\_

School/Building: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Select Preferred Communication Method:     Email             Phone             In Person

### SUPERVISORY INFORMATION

Immediate Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

### COMPLAINT INFORMATION

1. Your alleged complaint of Harassment, Discrimination and/or Retaliation is made regarding:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to you:     Supervisor     Subordinate     Co-Worker     Other \_\_\_\_\_  
Please specify

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) harassment, discrimination and/or retaliation occurred:

Is the behavior continuous or ongoing?    Yes       No  

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

*Question number five (5) is optional, but may assist with the investigation.*

5. Have you previously complained or provided information (oral or written) about related incidents? If yes, when and to whom did you complain or provide information?

*Signature:* \_\_\_\_\_      *Date:* \_\_\_\_\_