

## **SEXUAL HARASSMENT/RETALIATION COMPLAINT FORM**

The New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for personnel to report alleged incidents of sexual harassment or retaliation. If you believe that you have been subjected to sexual harassment or retaliation, you are encouraged to complete this form as soon as possible and submit it to one of the District's designated Compliance Officers or to the Superintendent of Schools.

Once you submit this form, the District is obligated to follow its sexual harassment policy (Board Policy "Personnel 6121") and investigate any claims. You are encouraged to review that policy before you submit this form.

If you are more comfortable reporting your claims verbally, rather than filling out this form, the District must still follow its sexual harassment policy and investigate any allegations it receives.

If you have any questions about any aspect of the District's sexual harassment policy, about how to fill out this form, or about the sexual harassment investigation process, or about your rights in general, please feel free to reach out to either of the District's Compliance Officers or the Superintendent of Schools at the contact information below.

For additional resources regarding sexual harassment or retaliation, visit:

[www.ny.gov/combatting-sexual-harassment](http://www.ny.gov/combatting-sexual-harassment)

**YOUR INFORMATION:**

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

Work Location: \_\_\_\_\_

If you are not personally a victim of sexual harassment or retaliation, but you observed prohibited conduct directed against *another* District staff member, please provide the victim's information:

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

Work Location: \_\_\_\_\_

**WHO IS YOUR SEXUAL HARASSMENT/RETALIATION CLAIM AGAINST:**

Name(s): \_\_\_\_\_

Work Location(s): \_\_\_\_\_

Job Title(s): \_\_\_\_\_

**DETAILS OF WHAT OCCURRED:**

1. Please describe, in detail, the conduct or incident that is the basis for your complaint. Please include (1) where and when the conduct or incident occurred (date, time, location), and (2) exactly what the other person(s) did or said to make you feel sexually harassed. Use additional sheets of paper if necessary.

2. Please provide the names of any other persons who you believe may have witnessed the conduct or incident described above.
  
3. Has this behavior been part of an ongoing pattern? If so, please list other dates, times, and locations when other similar or related incidents occurred (as well as any witnesses to those prior incidents). Use additional sheets of paper if necessary.

**INSTRUCTIONS:**

Please return a copy or scan of this completed form as soon as possible to any one of the following individuals:

Martin Rotz  
Superintendent of Schools  
District Office  
MRotz@romuluscsd.org

Jennifer Bartlett-Prati  
Director of Curriculum and Instruction  
District Office  
JBartlett@romuluscsd.org