

**WILLIAMSVILLE CENTRAL SCHOOL DISTRICT  
SEXUAL HARASSMENT COMPLAINT FORM**  
*Please print legibly and provide as much information as possible.*

**COMPLAINANT INFORMATION**

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

Building/Location: \_\_\_\_\_

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

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

Select preferred communication method:    Email                      Phone                      In person

Date Complaint Filed \_\_\_\_\_

**SUPERVISORY INFORMATION**

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

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

Building/Location: \_\_\_\_\_

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

**COMPLAINT INFORMATION**

Name(s) of Alleged Harasser(s): \_\_\_\_\_

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

Building/Location: \_\_\_\_\_

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

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

Description of Alleged Harassment. What happened and how is it affecting you and/or your work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use additional sheets if necessary and attach any relevant documentation or evidence.)

**WILLIAMSVILLE CENTRAL SCHOOL DISTRICT  
SEXUAL HARASSMENT COMPLAINT FORM (Cont'd.)**

Date and Place of Violation(s) \_\_\_\_\_

Is the sexual harassment continuing?  Yes  No

Names and contact information of witnesses or individuals who may have information related to your complaint: (if applicable) \_\_\_\_\_

Have you previously reported or provided information (verbal or written) about this incident or related incidents?  Yes  No

If Yes, When and to Whom? \_\_\_\_\_

Describe the Outcome and/or Resolution \_\_\_\_\_

(Please use additional sheets to provide additional information if necessary.)

Remedy Sought by Complainant \_\_\_\_\_

Name and contact information of legal counsel retained to represent you regarding this matter: (if applicable) \_\_\_\_\_

Would you like us to contact and/or work with your legal counsel regarding this matter?

Yes  No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

**WILLIAMSVILLE CENTRAL SCHOOL DISTRICT  
SEXUAL HARASSMENT APPEAL FORM**

Name and Position of Complainant

\_\_\_\_\_

Date Appeal Filed \_\_\_\_\_

Date Original Complaint Filed \_\_\_\_\_

Have There Been Any Prior Appeals Filed Related to this Complaint? \_\_\_\_\_

\_\_\_\_\_

If Yes, When and to Whom? \_\_\_\_\_

Describe the Decision Being Appealed and Why \_\_\_\_\_

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\_\_\_\_\_ Date \_\_\_\_\_ Signature of Complainant

(Continued)

**WILLIAMSVILLE CENTRAL SCHOOL DISTRICT  
SEXUAL HARASSMENT APPEAL FORM (Cont'd)**

(To be completed by various District Personnel)

Decision of Complaint Officer and Action Taken \_\_\_\_\_

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Action Taken by Superintendent (if applicable) \_\_\_\_\_

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Action by the Board (if applicable) \_\_\_\_\_

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Other Comments \_\_\_\_\_

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\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Complaint Officer

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Superintendent