

Sexual Harassment and Retaliation

Complaint Form

The Edgefield County School District maintains a firm policy prohibiting harassment and retaliation. Mistreatment by any person which creates an intimidating, hostile, or offensive work or learning environment will not be tolerated under any circumstances.

Complainant Name: _____

School or Position, if applicable: _____

student parent employee nonemployee job applicant other _____

Address: _____

Phone: _____

Date(s) of alleged incident(s)/conduct: _____

Location(s) where the alleged incident(s)/conduct took place: _____

Name of person(s) who engaged in the conduct: _____

List any witnesses: _____

Evidence (e.g. emails, photos, text messages, etc.). Attach copies if possible: _____

Describe the incidents(s)/conduct as clearly as possible. Attach additional pages if needed:

This complaint is filed based on my honest belief that _____
has engaged in conduct involving one or more of the following (mark all that apply):

Harassment based on my sex (including gender identity, sexual orientation, and pregnancy, childbirth, or any related medical conditions)

Retaliation based on:

Suggested resolution/desired outcome:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Complainant signature: _____ Date _____

Received by: _____ Date _____