

**AMHERST CENTRAL SCHOOL DISTRICT
COMPLAINT FORM FOR SEXUAL HARASSMENT AND GENDER DISCRIMINATION
IN THE WORKPLACE**

If you believe that you have been subjected to sexual harassment or gender discrimination, you are encouraged, but not required, to complete this form and submit it to the Civil Rights Compliance Officer (CRCO). No employee will be retaliated against for filing a complaint. Questions regarding the completion or submission of this form can be directed to the District's CRCO or a trusted staff member with whom you feel comfortable.

If you are more comfortable reporting verbally or in another manner, the person to whom you report the sexual harassment should complete this form, provide you with a copy, and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

For additional resources, visit: ny.gov/programs/combating-sexual-harassment-workplace

COMPLAINANT INFORMATION

Name: _____

Work Address: _____ Work Phone: _____

Job Title: _____ Email: _____

Selected Preferred Communication Method: Email Phone In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____

Title: _____

Work Phone: _____ Work Address: _____

COMPLAINT INFORMATION

1) Your complaint of sexual harassment is made about:

Name: _____ Title: _____

Work Address: _____ Work Phone: _____

Relationship to you: Supervisor Supervisee Co-Worker

Other (please specify) _____

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(Cont'd.)**

- 2) Please describe what happened and include as many details as possible. You may use additional sheets of paper if necessary. If you have any relevant documents, please include them.

- 3) Date(s) sexual harassment occurred: _____

Is the sexual harassment continuing? [] Yes [] No

- 4) If possible, please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

The last question is optional, but may help the investigation.

- 5) Have you previously provided information (verbal or written) about this or related incidents? If yes, when and to whom did you provide information?

This is not required, but if you have retained legal counsel and would like the District to work with them, please provide their name and contact information.

Signature: _____ Date: _____