



Mount Vernon City School District

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New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit to:

- If the target of the complaint is (i) an employee or non-employee that is associated with a particular building (e.g., a teacher at one school) or (ii) a student, the complaint should be filed with the Building Principal or Director.
- If the target of the complaint is (i) an employee or non-employee that is associated with two or more buildings, (ii) a District-wide employee or vendor, or (iii) a Building Principal or Director, or if the person filing the report is not sure who the harasser is or their role with the District, the complaint should be filed directly with the Assistant Superintendent for Human Resources or his/her Designee.
- If the target of the complaint is the Assistant Superintendent for Human Resources, the complaint should be filed directly with the Superintendent of Schools or his/her Designee.
- If the target of the complaint is Counsel to the Board, the complaint should be filed directly with the Superintendent of Schools, who shall promptly inform the Board of such event.
- If the target of the complaint is the Superintendent of Schools, the complaint should be filed directly with the President of the Board of Trustees of the Board of Education and Counsel to the Board, who shall promptly inform the entire Board of such event.
- If the target of the complaint is a member of the Board of Trustees, the complaint should be filed directly with Counsel to the Board, who shall promptly inform all necessary parties to address such complaint consistent with Board policies on misconduct by Board Trustees and applicable law.

If you are more comfortable reporting verbally or in another manner, your employer should complete this form, provide you with a copy which you will be requested to sign in acknowledgement of receipt and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

Please be reminded that the use of email to file a sexual harassment complaint is prohibited.

COMPLAINANT INFORMATION

Name: _____

Work Location: _____ Work Phone: _____

Job Title: _____ Other Phone Contact: _____

Circle Preferred Communication Method regarding complaint: Phone In person
(Email is prohibited for such complaints)

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____

Supervisor's Title: _____

Work Phone: _____ Work Location: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

Name: _____ Title: _____

Work Location: _____ Work Phone: _____

Relationship to you (Check): Supervisor Subordinate Co-Worker Other

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) sexual harassment occurred: _____

Is the sexual harassment continuing? Yes No

If so, describe how.

4. 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 complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

Signature: _____

Date: _____

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