



**EDGEMONT UNION FREE SCHOOL DISTRICT
0110-E
SEXUAL HARASSMENT
FORMAL COMPLAINT FORM**

Name and position of Complainant _____

Date of complaint _____

Name of alleged sexual harasser _____

Date of incident _____

Place of incident _____

Description of misconduct _____

Name of witnesses (if any) _____

Has the incident been reported before? _____

If yes: When? _____

To Whom? _____

What was the resolution? _____

Reasons for dissatisfaction _____

Supervisor/Compliance Officer Signature

Date

Complainant Signature

Date