Shared Vision
Shared Commitment
Shared Success
ULSTER BOCES
Board of Cooperative Educational Services

HARASSMENT COMPLAINT FORM

Name and Position of Complainant: _____

Address: _____

Home Phone: _____ Cellphone: _____

Date Complaint Filed: _____

Name and/or Description of Alleged Harasser: _____

If the Alleged Harassment was towards another person, identify the other person: _____

_____

_____

Description of Alleged Harassment: Describe the incident(s) as clearly as possible, including such things as any verbal statements made (e.g., threats, requests, demands); what, if any, physical contact was involved; etc. Attach additional pages if necessary.

_____

_____

_____

Date and Place of Incident(s): _____

Were there other individuals involved in the Alleged Harassment?: _____

If yes, Name the other individual(s) and their role in the Alleged Harassment: _____

_____

Name of Witnesses (if applicable): _____

Has the incident been previously reported?: _____

(If yes, When to to Whom?): _____

Describe the Outcome and/or Resolution: _____

_____

_____

_____

_____

_____

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_____

(Use Additional Sheets to provide additional information if necessary.)

Remedy Sought by Complainant: _____

_____

_____

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_____

Date: _____

Signature of Complainant: _____