

File GBAA-E1 Sexual Harassment and Retaliation Complaint Form

The Richland County School District One maintains a firm policy prohibiting sexual harassment and retaliation. Mistreatment by any person that 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 incident(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** _____

Richland County School District One