

**LYNDONVILLE CENTRAL SCHOOL DISTRICT
SEXUAL HARASSMENT COMPLAINT FORM**

Name and Position of Complainant _____

Date Complaint Filed _____

Name and/or Description of Alleged Harasser _____

Description of Alleged Harassment _____

Date and Place of Violation(s) _____

Names of Witnesses (if applicable) _____

Has the Incident Been Previously Reported? _____

(If Yes, When and to Whom?) _____

Describe the Outcome and/or Resolution _____

(Use additional sheets to provide additional information if necessary.)

Remedy Sought by Complainant _____

Date

Signature of Complainant

(Continued)

**LYNDONVILLE CENTRAL SCHOOL DISTRICT
SEXUAL HARASSMENT COMPLAINT FORM (Cont'd.)**

APPEAL FORM

Name and Position of Complainant

Date Appeal Filed _____

Date Original Complaint Filed _____

Have There Been Any Prior Appeals Filed Related to this Complaint? _____

If Yes, When and to Whom? _____

Describe the Decision Being Appealed and Why _____

Date

Signature of Complainant

(Continued)

**LYNDONVILLE CENTRAL SCHOOL DISTRICT
SEXUAL HARASSMENT COMPLAINT FORM (Cont'd.)**

(To be completed by various District Personnel)

Decision of Complaint Officer and Action Taken _____

Action Taken by Superintendent (if applicable) _____

Action by the Board (if applicable) _____

Other Comments _____

Date

Signature of Complaint Officer

Date

Signature of Superintendent