

ALLEGED SEXUAL HARASSMENT FORM

General Statement

The Amber-Pocasset Public Schools maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual harassment against students or employees is sex discrimination. All persons are to be treated with respect and dignity. Sexual advances or other forms of personal harassment by any person, male or female, that creates a hostile or offensive environment will not be tolerated under any circumstances.

Report

Complainant: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Date of Alleged Incident(s): _____

Name of person you believe sexually harassed you: _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such things as what force, if any, was used; any verbal statements (threats, requests, demands, etc.); what, if any physical contact was involved; what did you do to avoid the situation. Attach additional pages if necessary.

This complaint is filed based on my honest belief that _____

_____ has sexually harassed me.

ALLEGED SEXUAL HARASSMENT FORM (Cont.)

I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Printed Name of Complainant

Signature of Complainant

Date

Printed Name of Person who Receives Complaint

Received by (Signature)

Date