

Sexual Harassment Complaint

The Onondaga-Cortland-Madison BOCES maintains a firm policy prohibiting all forms of discrimination based upon sex. Sexual harassment against students and/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, which create an intimidating, hostile or offensive environment will not be tolerated under any circumstances.

▲ Name of Complainant _____	▲ Date _____
▲ School Building and/or Department _____	▲ Job Title _____
▲ Name of Immediate Supervisor/Building Administrator _____	
▲ Home Address of Complainant _____	
▲ Home Phone Number _____	▲ Work Phone Number _____

STATEMENT OF COMPLAINT

Date(s) of Alleged Incident(s) _____

Name(s) of Person(s) Accused of Harassment _____

Place of Incident(s) _____

Name(s) of Witness(es), if any _____

Description of incident(s). Describe actions and statements of all persons involved, including yourself. Be specific. Add additional pages if necessary.

Adjustment or remedy requested:

This complaint is filed based upon my honest belief that I have been sexually harassed. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

▲ Signature of Complainant _____ ▲ Date _____

Complaint submitted to (check one):

- Director of Personnel Relations
- Immediate Supervisor (Name _____)
- Building Administrator (Name _____)