

**SUBJECT: COMPLAINT OF SEXUAL HARASSMENT IN THE WORKPLACE**

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### **SEXUAL HARASSMENT COMPLAINT FORM FOR EMPLOYEES**

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to Jeffrey E. Ryvicker, Superintendent of Schools. Once you submit this form, the School shall follow its sexual harassment prevention policy and investigate any claims.

If you are more comfortable reporting verbally or in another manner, the School will still follow its sexual harassment prevention policy by investigating the claims. It is strongly encouraged that you complete this form, however, in order to provide the School with sufficient information in order to conduct a thorough investigation.

#### **COMPLAINT INFORMATION**

Name:

Home Address:

Home Phone:

Job Title:

Specify Preferred Communication Method:

Work Address:

Work Phone:

Email:

#### **SUPERVISORY INFORMATION**

Immediate Supervisor's Name:

Title:

#### **COMPLAINT INFORMATION**

1. Your complaint of Sexual Harassment is made against:

Name:

Title:

Relationship to you:  Supervisor  Subordinate  Co-Worker  Other

# POLICY

**SUBJECT: SEXUAL HARASSMENT IN THE WORKPLACE (Cont'd)**

2. Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. (Please use additional sheets of paper if necessary and attach any relevant documents or evidence.)

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3. Date(s) sexual harassment occurred:

Is the sexual harassment continuing:  Yes  No

4. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint.

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I request that the Quogue Union Free School District investigate this complaint of sexual harassment in a timely and, to the extent feasible, confidential manner and advise me of the results of the investigation.

# POLICY

**SUBJECT: SEXUAL HARASSMENT IN THE WORKPLACE (Cont'd)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## SEXUAL HARASSMENT COMPLAINT FORM FOR STUDENTS

If you believe that your child has been subjected to sexual harassment, you are encouraged to complete this form and submit it to Jeffrey E. Ryvicker, Superintendent of Schools. Once you submit this form, the School shall follow its sexual harassment prevention policy and investigate any claims.

If you are more comfortable reporting verbally or in another manner, the School will still follow its sexual harassment prevention policy by investigating the claims. It is strongly encouraged that you complete this form, however, in order to provide the School with sufficient information in order to conduct a thorough investigation.

### COMPLAINT INFORMATION

Name:

Child's Name:

Home Address:

Work Address:

Home Phone:

Work Phone:

Job Title:

Email:

Specify Preferred Communication Method:

### COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made against:

Name:

Title:

# POLICY

**SUBJECT: SEXUAL HARASSMENT IN THE WORKPLACE (Cont'd)**

Relationship to your child:

2. Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. (Please use additional sheets of paper if necessary and attach any relevant documents or evidence.)

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3. Date(s) sexual harassment occurred:

Is the sexual harassment continuing:  Yes  No

4. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint.

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# POLICY

**SUBJECT: SEXUAL HARASSMENT IN THE WORKPLACE (Cont'd)**

I request that the Quogue Union Free School District investigate this complaint of sexual harassment in a timely and, to the extent feasible, confidential manner and advise me of the results of the investigation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_