

SEXUAL HARASSMENT COMPLAINT FORM

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for targets to report alleged incidents of sexual harassment. This form is intended to be used by both *students* and *employees*.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form to the best of your ability and submit it to:

Michael Nickson Title IX Coordinator at mnickson@bhbl.org
518-399-9141 ext. 85006.
PO Box 1389
Ballston Lake, NY 12019

or

Dacey Bonney Director of Employee Services at dbonney@bhbl.org
518-399-9141 ext. 85011
PO Box 1389
Ballston Lake, NY 12019

You can submit your completed form in person (HR office), via email or through the mail at PO Box 1389 Ballston Lake, NY 12019.

You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the district will complete this form, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form. For additional resources, visit: <http://www.ny.gov/programs/combating-sexual-harassment-workplace>

YOUR INFORMATION (for all persons making a complaint)

Your Name:

Name of student (for parents/guardians):

Home Address:

Home or Cell Phone:

Email:

School (for students):

Grade/Class (for students):

Work Address (for employees):

Work Phone (for parents/guardians/employees):

Job Title (for employees):

Preferred Communication Method (please select one): phone, email, mail, in person

SUPERVISOR INFORMATION (for employees)

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

COMPLAINT INFORMATION (for all persons making a complaint)

1. Your complaint of Sexual Harassment is made against:

Name:

Job Title (if an employee):

Grade/Class (if a student):

School Address/Work Location (if known):

Phone (if known):

Relationship to you (please circle one below):

(for employees)

Supervisor / Subordinate / Co-Worker / Student / Other:

(for students)

Teacher / Other staff member / Other Student / Other:

(Please use additional sheets of paper if the complaint is against multiple people.)

2. Please describe what happened and how it is affecting you and your work or education. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) and location(s) sexual harassment occurred: _____

Is the sexual harassment continuing? ____ Yes ____ No

4. Please list the name and contact information (if known) of any witnesses or individuals who may have information related to your complaint:

The following question is optional, but may help the district's investigation.

5. Have you previously complained about or provided information (verbal or written) about sexual harassment or related incidents to the district? ____ Yes ____ No

If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

Print Name: _____

Signature: _____

Date: _____

Instructions for the District

If you receive a complaint about alleged sexual harassment, you must follow the district's sexual harassment prevention policy by investigating the allegations through actions including:

- Speaking with the complainant
- Speaking with the alleged harasser
- Interviewing witnesses
- Collecting and reviewing any related documents

While the process may vary from case to case, all allegations should be investigated promptly and resolved as quickly as possible. The investigation should be kept confidential to the extent possible.

Document findings of the investigation and basis for your decision along with any corrective actions taken, and notify the complainant (if the complainant is a student, also notify the parent/guardian) and the individual(s) against whom the complaint was made. This may be done via email.

Adoption date: