Brighton Central School District Sexual Harassment Complaint Reporting Form

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment. This form is intended to be used by students, employees, parents/guardians, and non-employees who work in the district on a regular basis.

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 the principal or the district's civil rights compliance officer. You will not be retaliated against for filing a complaint.

If more clarification is needed or for more information, refer to the District website and Policy 6121.

YOUR INFORMATION (for all individuals making a complaint)

Your Name:
Name of Student (for parents/guardians):
Home Address:
Home or Cell Phone:
E-mail:
School and Grade Level (for students):
Work Address (for employees):
Work Phone (for parents/guardians/employees):
Job Title (for employees):
Preferred Communication Method (please select one): phone, e-mail, mail, in person

SUPERVISOR INFORMATION (for employees making a complaint)

Im	mediate Super	visor's Nam	e:					
Tit	ele:							
W	Work Phone:							
Work Address:								
	COM	PLAINT IN	FORMATIO	N (for all indiv	iduals making	a complaint)		
1.	Your complaint of Sexual Harassment is made against:							
	Name:							
	Job Title (if a	an employee):					
	Grade/Class	(if a student)) :					
	School Address or Work Location (if known):							
	Phone (if kno	own):						
	Relationship to you (please circle one below):							
	For employees:							
	Su	ıpervisor	Subordinate	Co-worker	Student	Other		
	Fo	or students:						
	Te	eacher	Other Staff M	ember	Other			
	(Please use t	he space bel	ow if the comp	laint is against	multiple peopl	e.)		

2.	Please describe what happened and how it is affecting you and your work or education. Please use additional sheets, 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:
	you have retained legal counsel and would like us to work with them, please provide their stact information.
Pri	nt Name:
Sig	nature:
Dat	te:

Instructions for the district

If the district receives a complaint about alleged sexual harassment, it 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

Although 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, and all documentation related to it must be kept in a secure and confidential location.

The investigator must document all findings of the investigation and the basis for those findings, along with any corrective actions taken. The investigator must notify the complainant (and the parent/guardian if the complainant is a student) and the individual(s) against whom the complaint was made. This may be accomplished via e-mail.

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