

COMPLAINT OF ALLEGED SEXUAL HARASSMENT

This form is to be filed in order to initiate a complaint of alleged sexual harassment prohibited by the Great Neck Public School District's policy on Sexual Harassment.

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Status: (Circle one) **Instructional Staff** **Non-Instructional Staff** **Student**

Time(s) and Date(s) incidents of sexual harassment took place:

Have you also filed this charge with a Federal, State, or Local Government agency?

Yes _____ No _____

Name/position/location of the individual who harassed you. If more than one, list all.

Name: _____

Position/Location: _____

Describe the incident(s) that occurred and your reasons for concluding that it was sexual harassment:

Describe briefly what you would consider to be appropriate resolution of the conduct described above. *(The District at all times retains sole discretion and authority to determine the appropriate disciplinary and/or corrective action to be taken with regard to meritorious complaints. This question should not be construed in any way to constitute a forfeiture of that discretion or authority.)*

Identify all persons who witnessed the incidents described above:

_____	_____
_____	_____

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

_____	_____
Signature of Complainant	Date

Received by:

_____	_____
	Date