**GUILDERLAND**

**5010-E.1**

**WORKPLACE HARASSMENT COMPLAINT FORM**

**(Including Sexual Harassment)**

This form is to be used to document any claim of illegal harassment, including sexual harassment. that occurs in the workplace. To ensure that all harassment complaints are managed appropriately, effectively, and in accordance with the district's policies, harassment complaints, including sexual harassment complaints, will be recorded using this form. Only those individuals authorized to receive such complaints may do so. If needed, guidance can be obtained from the Assistant Superintendent for Human Resources.

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| Name of Complainant:Phone: | Department: |
| Name(s) of individual engaging in alleged harassment:Name of Target, if different | Department: |
| Please describe the specific incident of harassment alleged. Describe each incident separately, including dates, times and locations. If you cannot remember exact dates, times or locations, please provide approximations. Use additional pages if necessary. Please submit any documentation or evidence with this form. |
| Are there others who may have witnessed this alleged harassment? If so, please provide their names(s). |

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| Did you tell anyone about your experience after the alleged incident(s)? If yes, please provide their name(s). |
| Did you speak to the individual named in this report about the alleged harassment? If yes, what was his or her response?  |
| Complainant Signature\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* I attest that the information I have provided is a true and accurate description of my complaint and that I have not willfully or deliberately made false statements. 'understand that the Guilderland C.S.D. prohibits any individual from retaliating against me for filing a complaint and that I am to notify my immediate supervisor, my Department Head, the Human Resources Director, or (identify) that I am a victim of retaliation. |
| Signature of Person Receiving Complaint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Reviewed June 17, 2014

Revised, Reviewed April 13, 2021