

**CHEEKTOWAGA CENTRAL SCHOOL DISTRICT**  
**SEXUAL HARASSMENT – STEP 2 FORMAL COMPLAINT**

*(Note: This form may be completed by an adult witness, a student witness, a parent, or a victim)*

**TO: District Complaint Officer**

Name and date of birth of person allegedly subjected to sexual harassment (victim)

\_\_\_\_\_

Victim's address and phone number \_\_\_\_\_

Victim is currently assigned to/attending which school? \_\_\_\_\_

Name and contact information of person filing this complaint (complainant), if not the victim

\_\_\_\_\_

Name and/or description of alleged harasser \_\_\_\_\_

Alleged harasser is a: ( ) Student, ( ) District employee or officer, ( ) District volunteer, ( ) Other.

Date, Time and Place of Alleged Incident(s) \_\_\_\_\_

\_\_\_\_\_

Detailed Description of Incident(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names and Contact Information for Witnesses (if any) \_\_\_\_\_

\_\_\_\_\_

Has the Incident(s) Been Previously Reported? ( ) Yes ( ) No ( ) Unknown

If Yes, When and to Whom? \_\_\_\_\_

Describe the Outcome and/or Resolution known to date \_\_\_\_\_

\_\_\_\_\_

All known documents and other evidence related to each incident is attached? ( ) Yes ( ) No

Remedy Sought by Complainant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets if necessary.)

Signature of Complainant or Parent \_\_\_\_\_

Date \_\_\_\_\_

[Date received by Complaint Officer: / / Complaint Officer's name: \_\_\_\_\_]