

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: _____]