

# CANASERAGA CENTRAL SCHOOL

HOME OF THE INDIANS

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Building Principal

## SEXUAL HARASSMENT COMPLAINT FORM

### COMPLAINANT INFORMATION

Name: \_\_\_\_\_ Work Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Indicate Preferred Communication Method: \_\_\_\_\_

### SUPERVISORY INFORMATION

Immediate Supervisor's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

### COMPLAINT INFORMATION

1. Your complaint of discrimination is made against:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to you: Supervisor Subordinate Co-Worker Other

(cont)

2. Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) discrimination occurred:

Is the sexual harassment continuing? Yes No

4. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint:

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Signature of Complainant

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Date Signed

***Form should be submitted to the School Nurse or School Counselor***