### WESTHILL CENTRAL SCHOOL DISTRICT

#### FORMAL COMPLAINT FORM

# RELATED TO ILLEGAL DISCRIMINATION, DISCRIMINATORY HARASSMENT, OR SEXUAL HARASSMENT

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to the Civil Rights Compliance Officer, Westhill Central School District, 400 Walberta Rd, Syracuse NY 13219. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, your employer should complete this form, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

For additional resources, visit: ny.gov/programs/combating-sexual-harassment-workplace

## 

COMPLAINANT INFORMATION

### **COMPLAINT INFORMATION**

1.	Your complaint of Sexual Harassment is made about:			
	Name: Work Address:		Title: Work Phone:	
	Relationship to you:	□ Supervisor	□ Subordinat	te   Co-Worker   Other
2.	Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.			
3.	Date(s) sexual harassment occurred:			
	Is the sexual harassment	continuing?	□ Yes	□ No
4.	Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:			
	• •	nplained or pro	vided informa	on.  tion (verbal or written) about related  n or provide information?
	you have retained legal contact information.	unsel and woul	d like us to wo	ork with them, please provide their
Sig	gnature:		Date:	
Re	turn to: Civil Rights Compliance Officer, Westhill Central School District, 400 Walberta Road, Syracuse NY 13219			
Re	ceived by:		Date:	