

Sexual Harassment and Retaliation Complaint Form

The Williamsburg County School District maintains a firm policy prohibiting sexual harassment and retaliation. Mistreatment by any person which creates an intimidating, hostile, or offensive work or learning environment will not be tolerated under any circumstances.

Complainant Name: _____

School or Position, if applicable: _____

student parent employee nonemployee job applicant other _____

Address: _____

Phone: _____

Date(s) of alleged incident(s)/conduct: _____

Location(s) where the alleged incident(s)/conduct took place: _____

Name of person(s) who engaged in the conduct: _____

List any witnesses: _____

Evidence (e.g., emails, photos, text messages, etc.). Attach copies if possible: _____

Describe the incidents(s)/conduct as clearly as possible. Attach additional pages if needed:

This complaint is filed based on my honest belief that _____ has engaged in conduct involving one or more of the following (mark all that apply):

Harassment based on my sex (including gender identity, sexual orientation, and pregnancy, childbirth, or any related medical conditions)

Retaliation based on:

Suggested resolution/desired outcome:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Complainant signature: _____ Date _____

Received by: _____ Date _____