

**FILE GBAA-E(1) SEXUAL HARASSMENT AND RETALIATION COMPLAINT FORM**

The Clarendon School District Two 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/legal guardian  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 incident(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 \_\_\_\_\_

**Clarendon School District Two**

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