

ANTI-HARASSMENT EXHIBIT HARASSMENT COMPLAINT FORM

Plattsburgh City School District maintains a firm policy prohibiting all forms of harassment, including sexual harassment. Sexual harassment against students or employees is a form of sex discrimination. All persons are to be treated with respect and dignity. Unwelcome sexual advances or other forms of harassing behavior which create an intimidating, hostile or offensive work or academic environment will not be tolerated.

- Complainant _____
- Home Address _____
- Home Phone _____
- Target(s) of Harassment _____

- Date of the Harassment _____
- Name of person(s) responsible for the Harassment _____

- List any person(s) with knowledge of the Harassment _____

- Where did the Harassment occur? _____
- Describe the Harassment as clearly as possible, including such things as verbal statements, threats, requests, demands and what, if any physical contact was involved. (Attach additional pages if necessary.) _____

- Resolution Desired _____

This complaint is filed based on my honest belief that prohibited conduct under the Anti-Harassment Policy has occurred. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant signature

Date

Received by

Date

ANTI-HARASSMENT EXHIBIT

HARASSMENT COMPLAINT RESOLUTION APPEAL FORM

- Person filing appeal _____
- Date of appeal _____
- Date of original complaint _____
- List prior appeals, if any _____
- Description of decision being appealed _____
- Describe why decision is being appealed (Attach additional pages if necessary.) _____

- Requested action to be taken _____

Appellant signature

Date

Received by

Date

Adoption date: March 23, 2006