



Monroe 2-Orleans BOCES
STUDENT SEXUAL HARASSMENT COMPLAINT FORM

Name of Complainant _____

Date Complaint Filed _____

Name and/or Description of Alleged Harasser _____

Description of Alleged Harassment _____

Date and Place of Incident(s) _____

Names of Witnesses (if applicable) _____

Has the Incident Been Previously Reported? _____

(If Yes, When and to Whom?) _____

Describe the Outcome and/or Resolution _____

(Use additional sheets to provide additional information if necessary.)

Remedy Sought by Complainant _____

APPEAL FORM (IF APPLICABLE)

Name of Complainant _____

Date Appeal Filed _____

Date Original Complaint Filed _____

Have There Been Any Prior Appeals Filed Related to this Complaint? _____



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If Yes, When and to Whom? _____

Describe the Decision Being Appealed and Why _____

(TO BE COMPLETED BY VARIOUS DISTRICT PERSONNEL)

Decision of Complaint Officer and Action Taken _____

(If Applicable) Action Taken by District Superintendent _____

(If Applicable) Action Taken by the Board _____

Other Comments _____

Signature of Complaint Officer

Signature of District Superintendent

Signature of Complainant