

**Schoharie Central School**  
**Harassment Report Form**  
**Completed by Complainant**

General statement of policy prohibiting harassing and discriminative behavior: This school district maintains a policy prohibiting all forms of discrimination, offensive behavior and harassment or violence against students or employees. All persons are to be treated with respect and dignity. Sexual violence, sexual advances or other forms of harassment by any person which create an intimidating, hostile or offensive environment will not be tolerated.

Complainant: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Parent's work phone: (\_\_\_\_) \_\_\_\_\_

Date of alleged incident(s): \_\_\_\_\_

Name of person(s) you believe sexually harassed or was sexually violent toward you, who exhibited offensive or unwelcome behavior: \_\_\_\_\_  
\_\_\_\_\_

List any witnesses who were present \_\_\_\_\_  
\_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: What force, if any, was used; were there verbal statements (i.e. threats, requests, demands, etc); what, if any, physical contact was involved; what did you did next. (Attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has harassed me, was violent to me and/or exhibited unwelcome offensive behavior to me. 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