

**NEWFIELD CENTRAL SCHOOL DISTRICT**  
*HARASSMENT COMPLAINT FORM*

Name of complainant \_\_\_\_\_ Position \_\_\_\_\_

Name of alleged harasser(s) \_\_\_\_\_

\_\_\_\_\_

Date of incident(s) \_\_\_\_\_ Place of incident(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Harassment:     Sexual             Racial             Other \_\_\_\_\_

Description of misconduct:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) of witness(es) (if any): \_\_\_\_\_

\_\_\_\_\_

If the incident has been reported before, state when and to whom it was reported, what the resolution was, and the reason(s) for your dissatisfaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

*Return form to Section VII Compliance Officer (Superintendent) or Alternate (H.S. Principal)*