

SEXUAL HARASSMENT COMPLAINT FORM

**Valley Stream Central High School District
One Kent Road
Valley Stream, New York 11582-3007**

Name and position of complainant _____

Date of complaint _____

Name of alleged harasser _____

Date and place of incident _____

Description of misconduct _____

Name of witnesses (if any) _____

Has the incident been reported before? _____
If yes, when? to whom? _____

What was the resolution? _____

Reasons for dissatisfaction

Adoption date: September 14, 1999