LAKELAND CENTRAL SCHOOL DISTRICT

**SEXUAL HARASSMENT FORMAL COMPLAINT FORM**

In accordance with Superintendent Regulations for Policy #5148, Sexual Harassment, a student or employee may submit a complaint regarding allegations of sexual harassment (Title VII Complaint Officer for Employees and Title IX Complaint Officer for Students). Please complete the information requested below and submit to:

Title VII/Title IX Complaint Officer

Lakeland Central School District

1086 East Main Street

Shrub Oak, New York 10588

|  |  |
| --- | --- |
| Name/Position of Complainant: |  |
| Date of Complaint: |  |
| Name of Alleged Sexual Harasser: |  |
| Date and Place of Incident: |  |
| Description of Alleged Misconduct: |  |
|  |
|  |
|  |
| Name of Witnesses (if any): |  |
|  |  |
| Has the incident been reported before? | [ ]  Yes [ ]  No |
| If Yes, when? And to whom? |  |
|  |  |
| Reasons for dissatisfaction? |  |
|  |
| Name and Address of Person Completing Form: |  |
|  |  |
|  |  |
| Phone Number: |  |