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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name/Position of Complainant: | | | |  | | | |
| Date of Complaint: |  | | | | | | |
| Name of Alleged Sexual Harasser: | | | | |  | | |
| Date and Place of Incident: | |  | | | | | |
| Description of Alleged Misconduct: | | | | | |  | |
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|  | | | | | | | |
| 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: | | | | | | |  |
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|  | | | | | | |  |
| Phone Number: | | | | | | |  |