

**BURLINGTON-EDISON SCHOOL DISTRICT****Sexual Harassment Complaint Form (OPTIONAL)**

The Burlington-Edison School District prohibits harassment, intimidation, bullying, sexual harassment and sexual misconduct of students, employees and other involved in school district activities. Harassment can occur, adult to student, student to adult, student to student, adult to adult, male to female, female to male, male to male and female to female.

Any individual who believes he or she has been harassed, intimidated or bullied is encouraged to:

- directly inform the alleged harasser to eliminate the offensive, unwelcome behavior **OR**
- report allegation(s) orally to the Building Principal, Superintendent or Title IX Officer **OR**
- report allegation(s) in writing.

No person shall be retaliated against for making a report of harassment or for providing testimony or assisting in the investigation report.

Please answer all questions as completely as possible. Return completed form to your Building Principal, Assistant Superintendent or Title IX Officer. ***Note: this form is optional and is not required to submit a complaint.***

<b>Name:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____	
<b>Address:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>City/State/Zip:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
<b>Home Telephone:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>Cell or Message Phone:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
<b>Current Supervisor:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>Work Location:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
<b>Name of person you are making the allegation against:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____	
<b>List date(s) when inappropriate behavior occurred:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<b>List location(s) where inappropriate behavior occurred:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<b>Allegation:</b> Use additional sheets if necessary. <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	

**Allegation Continued:**

**Witnesses:** List the name and contact information of each witness. Indicate what information they will contribute to your complaint.

<u>Name</u>	<u>Phone</u>	<u>Expected Contribution to Your Complaint</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Remedy or Resolution:** What specific action do you want taken on your complaint.

*Persons found to knowingly report false allegations will be subject to disciplinary action.*

*A copy of this form will be distributed to the Title IX Compliance Officer.*