

SEXUAL HARASSMENT, DISCRIMINATORY HARASSMENT,
AND/OR DISCRIMINATION COMPLAINT FORM

Date of Report _____

Complainant Name _____

Home Address _____

Phone Number _____

Position or Grade _____ Building _____

Date and Time of Alleged Violation _____

Location of Alleged Violation _____

Name of Alleged Offender _____

Position or Grade _____ Building _____

If the alleged violation was directed towards another individual, identify that individual:

Type of Alleged Violation (circle at least one):

Sexual Harassment

Discriminatory Harassment

Discrimination

If Discriminatory Harassment or Discrimination, on the basis of which protected classification is the violation alleged to have occurred (circle at least one):

Race

Sex

Ethnicity

Citizenship Status

Color

National Origin

Religion

Age

Sexual Orientation

Gender Identity or Expression

Genetic Information

Military Status

Disability **Other Characteristic Protected by Law (specify):** _____

Name of Witnesses, if any, and Description of Involvement _____

Description of the Incident(s) (attach additional pages, if necessary) _____

Your Reaction _____

This complaint is based upon my honest belief that the above-alleged offender has sexually harassed, discriminately harassed, or discriminated against me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Signature of Complainant _____ Date _____

Please Submit Completed Form to the District's Director of EEO / Title IX Coordinator

Director of Equal Employment Opportunity/ Title IX Coordinator

1111 Superior Avenue East, Suite 1800

Cleveland, Ohio 44114

Phone: (216)-838-0070

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