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
TitleIX_EEO@ClevelandMetroSchools.org