SEXUAL HARASSMENT COMPLAINT FORM

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for targets to report alleged incidents of sexual harassment. This form is intended to be used by both students and employees.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form to the best of your ability and submit it to:

Dr. Natalie Doherty (Assistant Supt. for PPS & Human Resources at PVCSD), email: ndoherty@pvcsd.org, Jacqueline Levine (Director of Curriculum & Instruction at PVCSD), email: jlevine@pvcsd.org, 171 Oscawana La. Road, Putnam Valley, New York 10579; or Matt Mello (Putnam Valley High School Assistant Principal), email: mmello@pvcsd.org, 146 Peekskill Hollow High School, Putnam Valley, NY 10579

Phone: Dr. Doherty at (845) 528-8130 ext. 1307; Mr. Mello at (845) 526-7847 ext. 1310, and Ms. Levine at (845) 528-8143 ext. 1510

You will not be retaliated against for filing a complaint. If you are more comfortable reporting verbally or in another manner, the district should complete this form, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

For additional resources, visit: https://www.ny.gov/programs/combating-sexual-harassment-workplace

YOUR INFORMATION (for all persons making a complaint):

Your Name:			
Hama Adduaga			
Home or Cell Phone:			
		Grade/Class (for students):	
Work Address (for em	ployees):		
Work Phone (for parer	nts/guardians/employees):		
Job Title (for employe	es):		

Preferred Communication Method (please circle one): phone email mail in person

SUPERVISOR INFORMATION (for employees)

Immediate Supervisor's Name:	
Supervisor's Title:	Work Phone:
Supervisor's Work Address:	
COMPLAINT INFORMATION (for all person	ns making a complaint)
Your complaint of Sexual Harassment is mad Name:	
Job Title (if an employee):	Grade/Class (if student):
School Address/Work Location (if known):
Phone (if known):	
Relationship to you (please circle one belo (for employees) Supervisor / Subordinate / Co-W	ow): orker / Student / Other:
(for students) Teacher / Other staff member / 0	Other Student / Other:
(Please use additional sheets of paper if the com	pplaint is against multiple people.)
2. Please describe what happened and how it is a use additional sheets of paper if necessary and a	affecting you and your work or education. Please ttach any relevant documents or evidence.
3. Date(s) and location(s) sexual harassment occ	eurred:
Is the sexual harassment continuing?	Yes No

4. Please list the name and contact information (if known) of any witnesses or individuals who may have information related to your complaint:

The joudwing question	is optional, but may help the	district's inves	stigation.
v 01	complained about or provide		
• •	lated incidents to the district?		,
If yes, when and to w	hom did you complain or pro	ovide informat	ion?
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·	al counsel and would like us		
contact information.			
Print Name:			-
Sionature:			-
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Instructions for the District

If you receive a complaint about alleged sexual harassment, you must follow the district's sexual harassment prevention policy by investigating the allegations through actions including:

- Speaking with the complainant
- Speaking with the alleged harasser
- Interviewing witnesses
- Collecting and reviewing any related documents

While the process may vary from case to case, all allegations should be investigated promptly and resolved as quickly as possible. The investigation should be kept confidential to the extent possible. Document findings of the investigation and basis for your decision along with any corrective actions taken, and notify the complainant (if the complainant is a student, also notify the parent/guardian) and the individual(s) against whom the complaint was made. This may be done via email.