

Student Sexual Harassment or Discrimination Complaint Form

PURPOSE: The purpose of this Complaint Form is to gather the essential facts related to a complaint of sexual harassment or discrimination, including sexual assault or other inappropriate sexual contact, so that a prompt and equitable resolution can be achieved.

INSTRUCTIONS: Individuals requesting the School investigate and resolve their allegation of sexual harassment or discrimination are required to complete this form and submit it to the School Administrator as soon as possible after the occurrence of the alleged harassment or discrimination:

School Administrator
The Waldorf School of Garden City
225 Cambridge Avenue, Garden City, NY 11530
(516) 742-3434, ext. 303

Name of Complainant:

Contact information:

Home Address City/State/Zip Home Phone:

Student Grade:

Nature of Grievance:

Please describe the action or actions you believe may constitute sexual harassment or discrimination, including sexual assault or other inappropriate sexual contact, and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

When did the actions described above occur?



Are there any witnesses to this matter? (Please circle) Yes No

If yes, please identify the witnesses and any of their contact information that you may have:

Did you discuss this matter with any of the witnesses identified above? (Please circle) Yes No

If yes, please identify:

Person to whom you have spoken:

Date of communication:

Method of communication:

Have you spoken to any School faculty or staff member about this matter? (Please circle) Yes No

If yes, please identify:

Person to whom you have spoken:

Date:

Method of communication:

Please describe the substance and results of each of the discussions with witnesses, faculty or staff identified above:

PLEASE ATTACH ANY STATEMENTS, REPORTS, OR OTHER DOCUMENTS WHICH YOU BELIEVE ARE RELEVANT TO OR SUPPORT YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

Print Name:

Signature:

Date: