

**BERNE-KNOX-WESTERLO CENTRAL SCHOOL DISTRICT  
HARASSMENT COMPLAINT FORM**

Name and Position of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date Complaint Filed: \_\_\_\_\_

Name and/or Description of Alleged Harasser: \_\_\_\_\_

If the Alleged Harassment was toward Another Person, Identify that Other Person: \_\_\_\_\_

Description of Alleged Harassment: Describe the incident(s) as clearly as possible, including such things as any verbal statements made (e.g., threats, requests, demands); what, if any, physical contact was involved; etc. Attach additional pages if necessary. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and Place of Incident(s): \_\_\_\_\_

Were there Other Individuals Involved in the Alleged Harassment? \_\_\_\_\_

If Yes, Name the Other Individual(s) and Their Role in the Alleged Harassment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names of Witnesses (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the Incident Been Previously Reported? \_\_\_\_\_

(If Yes, When and to Whom?) \_\_\_\_\_

Describe the Outcome and/or Resolution: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets to provide additional information if necessary.)

Remedy Sought by Complainant: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

(Continued)

**BERNE-KNOX-WESTERLO CENTRAL SCHOOL DISTRICT  
HARASSMENT COMPLAINT FORM (Cont'd.)  
APPEAL FORM (if applicable)**

Name and Position of Complainant: \_\_\_\_\_

Date Appeal Filed: \_\_\_\_\_

Date Original Complaint Filed: \_\_\_\_\_

Have There Been Any Prior Appeals Filed Related to this Complaint? \_\_\_\_\_

If Yes, When and to Whom? \_\_\_\_\_

Describe the Decision Being Appealed and Why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Complainant

**BERNE-KNOX-WESTERLO CENTRAL SCHOOL DISTRICT  
HARASSMENT COMPLAINT FORM (Cont'd.)**

(To Be Completed By Various District Personnel)

Decision of Complaint Officer and Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken by Superintendent (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action by the Board (if applicable): \_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Complaint Officer

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Superintendent

**NOTE:** *For complaints regarding allegations of Sexual Harassment, please refer to Form #6121F -- Sexual Harassment Complaint Form.*