SEXUAL HARASSMENT, DISCRIMINATORY HARASSMENT AND/OR DISCRIMINATION COMPLAINT FORM

Employees or students of Positive Education Program should submit the sexual harassment complaint form as soon as possible if they have been the victim of sexual harassment or witnessed it against another employee or student. Any employee or student filing a sexual harassment complaint is protected from any potential retaliation.

Date of Report: ___________________________
Complainant Name: ________________________________
Phone Number: ______________________________
Position: ____________________ Building/Center: __________________
Name of your immediate Supervisor: ________________________________
Date and Time of Alleged Violation: ________________________________
Location of Alleged Violation: ________________________________
Name of Alleged Respondent: ________________________________
Position: ____________________ Building/Center: __________________
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

Disability Other Characteristic Protected by Law (specify): __________________________

Name of Witnesses, if any, and Description of Involvement: ________________________

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

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________________________________________________________________________
This complaint is based upon my honest belief that the above-alleged respondent 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 Jessica Sawyer, PEP Chief Human Resources Officer/Title IX Coordinator

JSawer@pepcleve.org

Positive Education Program

3100 Euclid Ave

Cleveland, Oh. 44115