



SEXUAL HARASSMENT COMPLAINT FORM
--FORM FOR USE BY EMPLOYEES AND THIRD PARTIES --

The Board of Education of Howard County is committed to providing an educational and work environment that is free from sexual harassment. If you believe you have experienced or witnessed sexual harassment, complete this form or contact the Howard County Public School System's Office of Equity Assurance and the matter will be promptly investigated.

Please be aware that the information you provide is considered confidential and will be shared only with those persons who are considered essential to the investigation and resolution of the complaint.

A. Background Information

Name: _____

School/Office: _____ Job Title: _____

[Third Party] Position/Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Male

Female

B. Person(s) who you allege committed the sexual harassment:

Name: _____ Position, Title, or Other Descriptor (e.g., Volunteer): _____

1. _____

2. _____

3. _____

C. Witness(es) to the incident(s):

Name: _____ Position, Title, or Other Descriptor (e.g., Volunteer): _____

1. _____

2. _____

3. _____

