

**HUNTSVILLE CITY SCHOOLS
EMPLOYEE SEXUAL HARASSMENT COMPLAINT FORM**

Refer to HCS Board Policy 5.14

Name of Complainant _____

Home Address _____

Position/Location _____

Home Phone _____ School Phone _____

Email Address _____

Date of Alleged Harassment _____

List any witnesses who were present _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible including such things as: what force, if any, was used; any verbal statements i.e. threats, requests, demands, etc.

(Attach additional pages, if necessary)

This complaint is filed, based on my honest belief that _____
has sexually harassed me. I hereby certify that the information I have provided in this complaint is true, correct,
and complete to the best of my knowledge and belief.

Signature

Date

Received by

Date Received

Please submit this form to the Compliance Director, Annie C. Merts –Room 102, 200 White Street, Huntsville, AL 35801.