



**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. \_\_\_\_\_

