



**LAFAYETTE PARISH SCHOOL SYSTEM
COMPLAINT OF SEXUAL HARASSMENT**

YOU HAVE A RIGHT TO A WORKPLACE FREE OF SEXUAL HARASSMENT . IN AN EFFORT TO HELP RESOLVE YOUR COMPLAINT WE NEED SOME INFORMATION THAT WILL HELP US TO RESPOND TO AND INVESTIGATE YOUR COMPLAINT. YOU WILL BE PROMPTLY CONTACTED AND ARRANGEMENTS WILL BE MADE TO INTERVIEW YOU.

Please print

- 1) Your name _____
- 2) Work Location _____
- 3) Position _____
- 4) Immediate Supervisor _____
- 5) Against whom are you lodging the complaint? _____
- 6) When did it happen (date and time)? _____
- 7) Briefly describe what happened and where it happened.

You have a right to file a complaint and it will be treated discreetly. Please remember that retaliation of any kind against you by anyone for making this complaint is prohibited.

Employee Signature _____ Date _____

Hand deliver to Human Resources or FAX 337.521.7051 – Addressed to Human Resources Director.