



HARASSMENT/DISCRIMINATION COMPLAINT FORM

If you believe you have been sexually harassed or discriminated against by any member of the Institution’s community, you are encouraged to bring it to the attention of the Title IX Coordinator. This form is to be used for filing the complaint. The information you provide on this form will be kept as confidential (see Confidentiality Policy) as is reasonably possible.

Name of complainant: _____ Date: _____

If complainant is a student, indicate which location of Continental School of Beauty you attend:

Phone number where you can be reached _____

The discrimination or harassment is based on your:

- Race
- National Origin
- Gender Identity
- Another Protected Class: _____
- Age
- Disability
- Sexual Orientation
- Color
- Sex (includes harassment & violence)
- Retaliation

Date of the alleged discrimination _____

Individual(s) who allegedly committed harassment/discrimination:

- 1) _____ 2) _____
- 3) _____ 4) _____

What is/are the specific incident(s) that caused you to file a complaint? Please describe in detail any relevant information, including persons involved, time, dates, places and witnesses (use a separate page if needed)

Are there others who have witnessed this behavior or who have experienced similar behavior by the individual(s) named above? If so, please provide their name(s), indicate if they are a witness or an individual with a similar experience and their address and phone number, if known:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Witness or Similar</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any evidence that supports your complaint? If so please describe or attach a copy.

Did you tell anyone about your experience after the alleged incident(s)? If so, please provide name(s) and contact information below:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that this information is accurate. I understand that submission of this form grants the Title IX Coordinator my permission to begin a full investigation of the above complaint. This investigation may involve review of confidential documents and interviews with you, the alleged harasser(s), students, staff and any other witnesses.

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the Title IX Coordinator deems necessary.

Complainant's signature

Date

After completing this form, please return it to the Title IX Coordinator at:

Charla Yacono, Title IX Coordinator
633 Jefferson Road, Rochester, NY 14623
585-272-8060
cyacono@continentalschoolofbeauty.edu