

STRATFORD PUBLIC SCHOOLS (Form B)

FORMAL COMPLAINT OF SEXUAL HARASSMENT

This form may be used by any student or employee of the District who believes they are a victim of sexual harassment occurring in the District's education program or activities and wishes to file a formal complaint. The filing/signing of this form will trigger a full investigation. With or without a formal complaint, supportive measures will be offered to both a complainant (alleged victim) and respondent (alleged perpetrator). To initiate this complaint, return this form to the District's Title IX Coordinator who may be contacted as follow: Meghan Bova, Title IX Coordinator 396 Nichols Avenue, Stratford, CT 06614, bovam@stratk12.org 203-385-4294

Complainant's Name _____
Home Address _____
Name of School of attendance or employment _____
Home Phone _____ Work Phone _____ Cell Phone _____
Grade (student) _____
Current position/job (employee) _____
Email address _____
Preferred method of contact _____
Date of Alleged Incident(s) _____
Name of person(s) you believe engaged in sexual harassment _____
List any witnesses that were present/have knowledge _____

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 specific verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

I hereby certify that the information provided in this complaint is true, correct, and complete to the best of my knowledge and belief. By signing below, I request that a full investigation occur in accordance with Board Policy [insert#] and its regulations containing grievance procedures designed to address formal complaints of sexual harassment.

(Reporter's Signature) (Date)

Received By: _____ (Name) _____ (Date)

(Signature)