

STRATFORD PUBLIC SCHOOLS

INFORMAL REPORT OF SEXUAL HARASSMENT

This form may be used by any individual who wishes to make a report of sexual harassment occurring in the District's education program and activities. Anonymous reports are permitted but may limit the District's ability to respond. A complainant (student or employee believing he/she is a victim of sexual harassment) may choose to file an informal report using this form or to file a formal complaint triggering a full investigation by completing District Form B. With or without a formal complaint, supportive measures will be offered to both a complainant and respondent (alleged perpetrator).

*Return this form to the District Title IX Coordinator who may be contacted as follows:
Jack Petion - Assistant Principal - 245 King St, Stratford, CT 06615 ,Petionj@stratk12.org 203-385-4230*

Reporter's Name _____

Home Address _____

Name of School (if a student/employee) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

Preferred method of contact _____

Date of Alleged Incident(s) _____

Alleged victim's name (if not the reporter) _____

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 I have provided in this report is true, correct, and complete to the best of my knowledge and belief.

(Reporter's Signature)

(Date)

All reports of sexual harassment will be responded to in accordance with Board Policy [insert policy #]and its regulation.

Received By: _____
(Name)

(Date)

(Signature)