

BRIDGEPORT PUBLIC SCHOOLS

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: [insert name, title, office address, email and telephone number]

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)