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Fillable using Adobe Acrobat. Complete and print or email. If preferred, print blank form and complete by hand.

## COMPLAINT FORM REGARDING SEXUAL HARASSMENT UNDER TITLE IX

This complaint form should be used for complaints of sexual harassment as defined on page 1 of the Board's Administrative Regulations regarding the Prohibition of Sex Discrimination and Sexual Harassment.

Name of complainant:
Date of complaint:
Date of the alleged discrimination/harassment:
Name(s) of the discriminator(s) or harasser(s):
Location where such discrimination/harassment occurred:
Name(s) of witness(es) to the discrimination/harassment:
Detailed statement of the circumstances constituting the alleged discrimination or harassment: (If additional space is needed, please use a blank page.)
Remedy requested:
Signature of Complainant <i>or</i> Title IX Coordinator: