## AMITY REGIONAL SCHOOL DISTRICT NO. 5

## 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 formal complaint, return this form to the District's Title IX Coordinator who may be contacted as follow:

Jaime Dawson-Guthrie, Coordinator of Pupil Services, Title IX Coordinator Amity Regional School District No. 5
25 Newton Rd. Woodbridge, CT 06525
jaime.guthrie@amityregion5.org
203-397-4820

Complainant's Name			
Home Address			
Name of School of attendance	e or employment _		
Home Phone	Work Phone	Cell Phone	
Grade (student)			
Current position/job (employe			
Email address			
Preferred method of contact _			
Date of Alleged Incident(s)			
Name of person(s) you believe			
List any witnesses that were pr			
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Where did the incident(s) occu	r?		

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.)			
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(Reporter's Signature)	(Date)		
Received By:(Name)	(Date)		
(Signature)	_		