

**STONINGTON PUBLIC SCHOOLS
COMPLAINT FORM REGARDING SEX DISCRIMINATION AND SEXUAL HARASSMENT**

Please ask a parent, school counselor, building administrator, or trusted adult if you need assistance to complete this form.

Name of the complainant:

Date of the complaint:

Date of the alleged discrimination/harassment:

Name or names of the discriminator(s) or harasser(s):

Location where such discrimination/harassment occurred:

Name(s) of any witness(es) to the discrimination/harassment:

Detailed statement of the circumstances constituting the alleged discrimination or harassment:

Remedy requested by the complainant:

Signature of Complainant: _____ Date: _____

Request to Withdraw Complaint	
Signature of Complainant: _____	Date: _____

Print and submit completed form to:

Building Administrator, Teacher, School Counselor or
District Title IX Coordinator
Allison Van Etten
40 Field Street, Pawcatuck CT
860-572-0506 - avanetten@stoningtonschools.org