

Madison Public Schools
Madison, Connecticut
STUDENT SEXUAL HARASSMENT COMPLAINT FORM

Student's Name:

School

Teacher

Grade

Home Address

Phone

Date of Complaint

Complaint filed against (names/positions):

Description of complaint: *(Please include: date(s) of alleged harassment, location(s) of event(s), time frames, frequency of offense(s), and specific details as to the actions giving rise to the circumstances constituting the alleged harassment.)*

Witnesses (if applicable)

Name

Position

Address

Phone

Name

Position

Address

Phone

Signatures

Complainant:

Relationship, if other than student

Date

School Official

Title

Date