

**Madison Public Schools  
Madison, Connecticut**

**STUDENT SEXUAL DISCRIMINATION COMPLAINT FORM**

Name of the complainant \_\_\_\_\_

Date of the complaint \_\_\_\_\_

Date of the alleged sex discrimination \_\_\_\_\_

Name or names of the sex discriminator(s) \_\_\_\_\_

\_\_\_\_\_

Location where such sex discrimination occurred \_\_\_\_\_

\_\_\_\_\_

Name(s) of any witness(es) to the sex discrimination \_\_\_\_\_

\_\_\_\_\_

Detailed statement of the circumstances constituting the alleged sex discrimination

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy requested \_\_\_\_\_

Signature: \_\_\_\_\_