

**Madison Public Schools  
Madison, Connecticut**

**STUDENT SEXUAL HARASSMENT COMPLAINT FORM**

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

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

Date of the alleged sexual harassment \_\_\_\_\_

Name or names of the sexual harasser(s) \_\_\_\_\_

\_\_\_\_\_

Location where such sexual harassment occurred \_\_\_\_\_

\_\_\_\_\_

Name(s) of any witness(es) to the sexual harassment \_\_\_\_\_

\_\_\_\_\_

Detailed statement of the circumstances constituting the alleged sexual harassment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature of Complainant or Title IX Coordinator: \_\_\_\_\_