

NORWALK PUBLIC SCHOOLS

REPORT OF SEXUAL HARASSMENT

This form may be used by any individual who wishes to make a report of sexual harassment occurring in the District's education program and activities. Anonymous reports are permitted but may limit the District's ability to respond. Supportive measures will be offered to both a complainant and respondent.

Return this form to the Title IX Coordinator at your school via email or in person. Contact information can be found at: <https://norwalkps.sharepoint.com/:b:/s/Norwalk-Public-Schools/EW1Xw8lQxsxBlSGb6ygwIXkBk-ODtduRISwgKEqUFj7rgQ?e=gMgxH5>

Reporter's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Name of School (if a student/employee) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Preferred method of contact \_\_\_\_\_

Date of Alleged Incident(s) \_\_\_\_\_

Alleged victim's name (if not the reporter) \_\_\_\_\_

Name of person(s) you believe engaged in sexual harassment \_\_\_\_\_

List any witnesses that were present/have knowledge \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

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; location, time, witnesses, electronic messages, etc. (Attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information I have provided in this report is true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Reporter's Signature)

\_\_\_\_\_  
(Date)

All reports of sexual harassment will be responded to in accordance with Board Policies, Title IX and its regulation.

Received By: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)