

**AMITY REGIONAL SCHOOL DISTRICT NO. 5
FORMAL COMPLAINT OF SEXUAL HARASSMENT**

This form may be used by any student or employee of the District who believes they are a victim of sexual harassment occurring in the District's education program or activities and wishes to file a formal complaint. The filing/signing of this form will trigger a full investigation. With or without a formal complaint, supportive measures will be offered to both a complainant (alleged victim) and respondent (alleged perpetrator). To initiate this formal complaint, return this form to the District's Title IX Coordinator who may be contacted as follow:

*Jaime Dawson-Guthrie, Coordinator of Pupil Services, Title IX
Coordinator Amity Regional School District No. 5
25 Newton Rd. Woodbridge, CT
06525
jaime.guthrie@amityregion5.org
203-397-4820*

Complainant's Name

Home Address

Name of School of attendance or employment _____

Home Phone _____ Work Phone _____ Cell Phone _____

Grade (student) _____

Current position/job (employee) _____

Email address

Preferred method of contact

Date of Alleged Incident(s) _____

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

List any witnesses that were present/have knowledge

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; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

I hereby certify that the information provided in this complaint is true, correct, and complete to the best of my knowledge and belief. By signing below, I request that a full investigation occur in accordance with Board Policy 5145.5/4118.112/4218.112 and its regulations containing grievance procedures designed to address formal complaints of sexual harassment.

(Reporter's Signature)

(Date)

Received By: _____
(Name)

(Date)

(Signature)