

**Students  
Personnel**

**F5145.5(1)  
F4118.112/4218.112**

**Prohibition of Sex Discrimination/Sex-based Harassment**

AMITY REGIONAL SCHOOL DISTRICT NO. 5  
COMPLAINT OF SEX DISCRIMINATION, SEX-BASED HARASSMENT  
OR OTHER HARASSMENT BASED ON SEX

Students or employees of the District who believe they are a victim of sex-discrimination occurring in the District's education program or activity may use this form to lodge a complaint of sex-discrimination, sex-based harassment or other harassment on the basis of sex, including discrimination on the basis of sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation and gender identity.

An individual other than a student or employee may use this form to complain of sex discrimination other than sex-based harassment that occurred while participating in or attempting to participate in the District's education program or activity.

To initiate this complaint, return this form to the District's Title IX Coordinator who may be contacted as follows:

Jaime Guthrie, Title IX Coordinator  
Jaime.Guthrie@amityregion5.org | 203-397-4820  
Amity Regional School District. 25 Newton Rd., Woodbridge, CT, 06525

**Complainant's Name** \_\_\_\_\_

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

**Town / City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**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** \_\_\_\_\_

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

**Full name of person(s) you believe engaged in prohibited sex discrimination/harassment**

\_\_\_\_\_

**List any witnesses that were present/have knowledge**

\_\_\_\_\_

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

**Describe the incident(s) as clearly as possible, including information such as: where, when and what happened; if applicable, specific verbal or written statements made (e.g., threats, requests, demands, etc.); what, if any, physical contact was involved and what force, if any, was used; your response to 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 an investigation and determination occur in accordance with the District's Sex Discrimination/Sex-Based Harassment Board Policy 5145.5/4118.112/4218.112 and its regulations.*

**Complainant's**

**Signature:** \_\_\_\_\_  
(Name)

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

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

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