

**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](mailto: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 \_\_\_\_\_

\_\_\_\_\_

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

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***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)

***All reports of sexual harassment will be responded to in accordance with Board Policy 5145.5/4118.112/4218.112 and its regulation.***

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

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

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