Pomperaug Regional School District 15

Sex Discrimination/Sexual Harassment Complaint Form
(Personnel)

Date Received in Central Office: _____

Please complete:

Complainant's Name: _____ Date:_____

Name/s of Alleged Discriminator/Harasser/s: _____

Date(s) of Alleged Discrimination/Harassment: _____

Statement of the circumstances in which the alleged discrimination/harassment occurred:

Complainant's Signature: _____

Complainant's Phone Number: _____

Complainant's Address: _____

Date signed: _____

- For Office Use Only –

Investigative Summary:

cc: File