

To be completed by the complainant.

MADISON PUBLIC SCHOOLS
Madison Connecticut
STUDENT SEXUAL HARASSMENT COMPLAINT REPORT

Student's Name: _____

School: _____ Grade/Teacher: _____

Home Address: _____

Telephone: _____

Date of Complaint: _____

Complaint filed against (name(s) /position(s)): _____

Description of complaint: *(Please include: date(s) of alleged harassment, location(s) of event(s), timeframes, frequency of offense(s), and specific details as to the actions giving rise to the circumstances constituting the alleged harassment.)*

Witnesses (if applicable):

Name/Position

Address

Telephone

Name/Position

Address

Address

Telephone

Signatures

Complainant: _____ Date: _____

Relationship (if other than student)

School Official: _____ Date: _____

Title

Original forms are available in the Safe School Climate Specialist's / Principal's Office, Health Office, School Psychologist's Office, School Counselor's Office and School and District Websites.