

NEW FAIRFIELD PUBLIC SCHOOLS

New Fairfield, Connecticut

COMPLAINT FORM REGARDING SEX DISCRIMINATION

AND SEXUAL HARASSMENT (STUDENTS)

Name of the complainant _____

Date of the complaint _____

Date of the alleged discrimination/harassment _____

Name or names of the discriminator(s) or harasser(s) _____

Location where such discrimination/harassment occurred _____

Name(s) of any witness(es) to the discrimination/harassment.

Detailed statement of the circumstances constituting the alleged discrimination or
harassment _____

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