

## Ledyard Public Schools

### PERSONNEL DISCRIMINATION/HARASSMENT

#### COMPLAINT FORM

Name of complainant: \_\_\_\_\_ Work Tel. #: \_\_\_\_\_

Home address: \_\_\_\_\_ Cell # \_\_\_\_\_ Home Tel. #: \_\_\_\_\_

School/position of employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ Date reported: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Complaint filed against (name/position): \_\_\_\_\_

Details (description) of complaint:

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**Witnesses:**

Name/Position	Address	Tel. #
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Name/Position	Address	Tel. #
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Name/Position	Address	Tel. #
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Complainant's Signature		Date
District Official's Signature	Title	Date