

Ledyard Public Schools

PERSONNEL DISCRIMINATION/HARASSMENT

COMPLAINT REPORT

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:

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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<i>Complainant's Signature</i>	<i>Date</i>
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<i>District Official's Signature</i>	<i>Title</i>	<i>Date</i>
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