

STUDENTS**LEDYARD PUBLIC SCHOOLS
Ledyard, Connecticut****HARASSMENT REPORT FORM¹**

The Ledyard Public Schools maintain a firm policy prohibiting all forms of harassment based on sex or other protected class status. Sexual advances or other forms of sexual harassment or any other form of harassment by any person, which creates an intimidating, hostile or offensive environment will not be tolerated under any circumstances. Individuals who suspect that they may be victims of sexual or other forms of harassment shall complete this form and file it with the Civil Rights Officer, or if deemed more appropriate, with the Superintendent of Schools or his/her designee.

Complainant _____
 Home Address _____
 Work Address _____
 Home Phone _____ Work Phone _____

Date of Alleged Incident(s) _____
 Name of person(s) you believe sexually harassed you _____
 List any witnesses that were present _____

 Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including but not necessarily limited to descriptions of: what force, if any, was used; any specific verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

This complaint is filed based on my honest belief that _____
 has harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

 Signature - Complainant

 Date

Received by _____
 Signature - Civil Rights Officer

 Date

A copy of this form shall be provided to the complainant.

4/4/06

¹ This reporting form should be used for all forms of alleged harassment.