PROPOSED FORM

STONINGTON PUBLIC SCHOOLS
Discrimination/Harassment Complaint Report

Name of Complainant: _____ Date: _____

Home Address: _____

Telephone: _____ _____
(home) (work)

Status of person filing complaint: ☐ Student ☐ Parent ☐ Employee ☐ Other

Type of Complaint: ☐ Title VI ☐ Title IX ☐ Section 504 ☐ Other

Statement of Complaint (*Describe what happened. Include type of discrimination charged and all specifics including date, location, person(s) involved, witnesses, previous incidents, frequency.*)

Signatures (*Acknowledgements*):

Complainant: _____ Date: _____

School official: _____ Date: _____

Title _____

Copies will be given to the person reporting, Coordinator of Title VI, Title IX and Section 504, building principal.