BETHANY PUBLIC SCHOOL DISTRICT FORMAL REPORT OF SEXUAL HARASSMENT

This form may be used by any student or employee of the Bethany Public School District who believes they are a victim of sexual harassment occurring in the District's education program and activities and wishes to file a formal complaint. The filing/signing of this form will trigger a full investigation. With or without a formal complaint, supportive measures will be offered to both a complainant (alleged victim) and respondent (alleged perpetrator).

To initiate this complaint, return this form to the District Title IX Coordinator, Susan Carpenter, BOE Executive Assistant/Human Resources Coordinator, Bethany Board of Education, 44 Peck Road, Bethany, CT, 06524, scarpenter@bethany-ed.org, (203) 393-1170.

COMPLAINANT'S INFORMATION

Name: Home Address: Home Phone: Cell Phone: Work Phone: Email Address Grade (if student): Current job title (if employee): Preferred Method of Contact: INCIDENT INFORMATION Date of alleged incident(s): Name of person(s) you believe engaged in sexual harassment: List any witnesses that were present/have knowledge:

Where did the incident(s) occur?

Describe the incident(s) as clearly as possible, including such th specific verbal statements (i.e., threats, requests, demands, et involved, what did you do to avoid the situation, etc. Attach add	c.), what, if any, physical contact was
I hereby certify that the information provided in this complaint i of my knowledge and belief. By signing below, I request that a with Board Policy 4000.1/5145.44 and Administrative Regrievance procedures designed to address formal complaints of	full investigation occurs in accordance egulation 4000.1/5145.44 containing
Reporter's Signature	Date
Received By	 Date

Regulation 4000.1/5145.44 – Form B– Approved August 12, 2020