

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? _____

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<hr/> Reporter's Signature	<hr/> Date
<hr/> Received By	<hr/> Date