



COMPLAINT OF SEX DISCRIMINATION, SEX-BASED HARASSMENT OR OTHER HARASSMENT BASED ON SEX

Students or employees of the District who believe they are a victim of sex-discrimination occurring in the District's education program or activity may use this form to lodge a complaint of sex-discrimination, sex-based harassment or other harassment on the basis of sex, including discrimination on the basis of sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation and gender identity.

An individual other than a student or employee may use this form to complain of sex discrimination other than sex-based harassment that occurred while participating in or attempting to participate in the District's education program or activity.

To initiate this complaint, return this form to the District's Title IX Coordinator (contact information listed above).

Complainant's Name _____

Home Address _____

Name of School of attendance or employment _____

Home Phone _____ Work Phone _____ Cell Phone _____

Grade (student) _____

Current position/job (employee) _____

Email address _____

Preferred method of contact _____

Date of Alleged Incident(s) _____

Full name of person(s) you believe engaged in prohibited sex discrimination/harassment _____

List any witnesses that were present/have knowledge _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including information such as: where, when and what happened; if applicable, specific verbal or written statements made (e.g., threats, requests, demands, etc.); what, if any, physical contact was involved and what force, if any, was used; your response to the situation, etc. (Attach additional pages if necessary.) _____



NEW HAVEN PUBLIC SCHOOLS

I hereby certify that the information provided in this complaint is true, correct, and complete to the best of my knowledge and belief. By signing below, I request an investigation and determination occur in accordance with the District's Sex Discrimination/Sex-Based Harassment Board Policy 5145.5/4118.112/4218.112 and its regulations.

(Complainant's Signature)

(Date)

Received By: _____

(Name)

(Date)