

SEXUAL HARASSMENT FORMAL COMPLAINT FORM

Newtown Public Schools

In accordance with Newtown Board of Education Policy 4118.113 and all applicable State and Federal Laws, including but not limited to, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Connecticut General Statute Section 46a-60 the following Sexual Harassment Formal Complaint Form. ALL COMPLAINTS WILL BE KEPT CONFIDENTIAL TO THE EXTENT REQUIRED BY LAW. SHOULD YOU BELIEVE THAT YOU ARE BEING RETALIATED AGAINST ON THE BASIS OF YOUR COMPLAINT, PLEASE CONTACT THE TITLE IX COORDINATOR:

District Compliance Officer
Anne Uberti, Assistant Superintendent
3 Primrose Street, Newtown, CT 06470
203-426-7617

Name and position of complainant: _____

Date of complaint: _____

Name(s) of alleged sexual harasser(s) _____

Date and place of incident: _____

Description of incident: _____

Name of witnesses (if any): _____

Has the incident been reported before? _____

If yes, when? _____

If yes, to whom? _____

What was the resolution? _____

Reasons for dissatisfaction: _____

Resolution Requested: _____

Other Comments:

By signing below, I acknowledge that the information contained above is true and is no way an attempt to slander, defame, or otherwise defile any or all the individuals so named in this Complaint.

Complainant

Date