

BRIDGEPORT PUBLIC SCHOOLS

INFORMAL REPORT OF SEXUAL HARASSMENT

This form may be used by any individual who wishes to make a report of sexual harassment occurring in the District's education program and activities. Anonymous reports are permitted but may limit the District's ability to respond. A complainant (student or employee believing he/she is a victim of sexual harassment) may choose to file an informal report using this form or to file a formal complaint triggering a full investigation by completing District Form B. With or without a formal complaint, supportive measures will be offered to both a complainant and respondent (alleged perpetrator).

Return this form to the District Title IX Coordinator who may be contacted as follows: [name, title, office address, email and telephone number]

Reporter's Name _____
Home Address _____
Name of School (if a student/employee) _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email address _____
Preferred method of contact _____
Date of Alleged Incident(s) _____
Alleged victim's name (if not the reporter) _____
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 things as: what force, if any, was used: any specific verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

I hereby certify that the information I have provided in this report is true, correct, and complete to the best of my knowledge and belief.

(Reporter's Signature) _____ (Date) _____

All reports of sexual harassment will be responded to in accordance with Board Policy [insert policy #]and its regulation.

Received By: _____ (Name) _____ (Date)
_____ (Signature)