

POMPERAUG REGIONAL SCHOOL DISTRICT 15

**Sex Discrimination/Sexual Harassment Complaint Form
Policy No. 4154**

Date Received in Central Office: _____

Please complete:

Complainant's Name: _____ Date: _____

Name/s of Alleged Discriminator/Harasser/s: _____

Date(s) of Alleged Discrimination/Harassment: _____

Statement of the circumstances in which the alleged discrimination/harassment occurred:

Complainant's Signature: _____

Complainant's Phone Number: _____

Complainant's Address: _____

Date signed: _____

- For Office Use Only -

Investigative Summary:

cc: File

September, 2006