

EAST HADDAM PUBLIC SCHOOLS  
Moodus, Connecticut

REPORT FORM FOR COMPLAINTS OF HARASSMENT

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School building: \_\_\_\_\_

Date & Approximate Time of Alleged Incident(s): \_\_\_\_\_

Alleged harassment was based on: (Check all that apply.)

- |                                   |                                     |   |  |
|-----------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Race     | <input type="checkbox"/> Color      | <input type="checkbox"/> National Origin    | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Gender   | <input type="checkbox"/> Disability | <input type="checkbox"/> Religion           | <input type="checkbox"/> Sex             |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Age        | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Other           |

Name of person you believe violated the District's harassment policy:

\_\_\_\_\_

If the alleged harassment was directed against another person, identify the other person:

\_\_\_\_\_

Describe the incident as clearly as possible, including any verbal statements (i.e., threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where incident occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

\_\_\_\_\_

This complaint is based on my honest belief that \_\_\_\_\_ has discriminated against me or another person. I certify that the information provided in this complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

**5145.5**  
**Form 1**  
(continued)

*Decision rendered:*       Unfounded       Exonerated       Un-sustained       Sustained

Recommended action/action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures (acknowledgments)

Complaint: \_\_\_\_\_ Date \_\_\_\_\_

Subject of Investigation: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent of Schools: \_\_\_\_\_ Date: \_\_\_\_\_