

VERNON PUBLIC SCHOOLS
Vernon, Connecticut

SEXUAL HARASSMENT REPORT FORM

Individuals who suspect that they may be victims of sexual harassment shall complete this form and file it with the building Principal, or with Robert Testa, Assistant Superintendent, Vernon Public Schools, 30 Park Street, Vernon, CT 06066 (860) 870-6000, rtesta@vernon-ct.gov

Complainant _____

Home Address _____

Work Address (if applicable) _____

Home Phone _____ Work Phone _____

Date(s) of Alleged Incidents _____

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

Describe the incident(s) as clearly as possible, including any verbal statements (i.e., threats, derogatory remarks, demands, etc.) and any actions or activities. Include all pertinent information (who, how, how often), including a proposed remedy. Attach additional pages if necessary. _____

When and where incident occurred: _____

List any witnesses that were present _____

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

(Complainant Signature)

(Date)

Forms are available from the School Office, Guidance Office, or at vernonpublicschools.org under Human Resources.