

Regulation 5145.5(q)
Form

SEXUAL DISCRIMINATION / HARASSMENT COMPLAINT
ELLINGTON PUBLIC SCHOOLS (*Students*)

Name of the complainant _____

Date of the complaint _____ Date(s) of alleged harassment _____

Name or names of the alleged harasser(s) _____

Location(s) where alleged harassment occurred _____

Name(s) of any witness(es) to the alleged harassment _____

Detailed statement of the circumstances constituting the alleged discrimination or harassment

Remedy Requested _____
