



Harassment Report Form

This complaint form should be submitted to the district Title IX Coordinator. (Students) Miguel Pabon WPS Director of Pupil Services 322 Prospect St. Willimantic, CT. 06226 860-465-2531 (Adults) Jeralynn Beghetto WPS Director of Human Resources 322 Prospect St. Willimantic, CT. 06226 860-465-2305

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

Home Address \_\_\_\_\_ School Building \_\_\_\_\_

Home Phone or Cell \_\_\_\_\_ Work Phone (If Applicable) \_\_\_\_\_

Date of Alleged Incident \_\_\_\_\_

The alleged harassment is based on: (Check all that apply)

- Race
- Color
- National Origin
- Gender
- Disability
- Religion
- Ancestry
- Age
- Sexual Orientation

Name of Person you believe violated the District's harassment policy \_\_\_\_\_

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

\_\_\_\_\_ Workplace of the other person and/or phone contact for the other person

\_\_\_\_\_

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

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Where and when did the incident(s) occur: \_\_\_\_\_

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

This complaint is based on my honest belief that \_\_\_\_\_ has harassed 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 Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

***A copy of this form shall be provided to the complainant.***