

STAFFORD PUBLIC SCHOOLS

**COMPLAINT FORM REGARDING SEX DISCRIMINATION
AND SEXUAL HARASSMENT (PERSONNEL)**

Name of the complainant _____

Date of the complaint _____

Date of the alleged discrimination/harassment _____

Name or names of the discriminator(s) or harasser(s) _____

Location where such discrimination/harassment occurred _____

Name(s) of any witness(es) to the discrimination/harassment. _____

Detailed statement of the circumstances constituting the alleged discrimination or
harassment _____
