



New Haven Community Schools

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SUPERINTENDENT

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TITLE IX SEXUAL HARASSMENT FORMAL COMPLAINT FORM

This form is being submitted by:

____ Complainant ____ Title IX Coordinator

Complainant Name: _____

Address: _____

Phone: _____ Email: _____

If the Complainant is an employee:

Job Title: _____ Building: _____

Reporter's Name (if different than Complainant): _____

Relationship to Complainant: _____

Reporter Address: _____

Reporter Phone: _____ Reporter Email: _____

Describe alleged violation of the District's Title IX Sexual Harassment Policy that you are requesting the District investigate. Please be specific. Describe the specific incident(s) And identify the individual and potential witnesses involved. Describe or attach any evidence you believe is relevant. Attach additional pages if needed.
