

**ROCKY HILL 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:

Return the completed form to the Title IX Coordinator:

**Ms. Amy Stevenson
Director of Special Education and Pupil Services
761 Old Main St.
Rocky Hill, CT 06067
860-258-7705**