

**MERIDEN PUBLIC SCHOOLS  
SEXUAL HARASSMENT REPORT FORM**

Name of Complainant: \_\_\_\_\_

Name of Alleged Harasser/s: \_\_\_\_\_

Name of Witness/es: \_\_\_\_\_

Date(s) of Alleged Incident/s: \_\_\_\_\_

Brief Description of Complaint: (attach any written statements submitted by complainant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Steps Taken to Investigate Complaint: \_\_\_\_\_

\_\_\_\_\_

Did Findings of investigation warrant action?

\_\_\_ Yes, Describe below the action taken:

\_\_\_ No, Indicate below why action was not warranted: \_\_\_\_\_

\_\_\_\_\_

This form is being forwarded to the Superintendent of Schools for the following reason: (check one)

- 9      The matter has been resolved to the satisfaction of the complainant/parent and this report is for the Superintendents review.
  
- 9      The investigator believes the complainant/parent is not satisfied with the action taken thus far and is elevating the complaint.

\_\_\_\_\_  
Complainant/Parent Signature

\_\_\_\_\_  
Principal's/Supervisor's Signature

EMPLOYEES ASSIGNED TO A SCHOOL MUST NOTIFY THEIR BUILDING PRINCIPAL OF ANY SEXUAL HARASSMENT COMPLAINTS THAT ARE BROUGHT TO THEIR ATTENTION. ALL OTHER EMPLOYEES MUST NOTIFY THEIR IMMEDIATE SUPERVISOR.  
THIS FORM MUST BE FILED WITH THE SUPERINTENDENT OF SCHOOLS BY THE RECEIVING PRINCIPAL/SUPERVISOR.