Connecticut Department of Children and Families INFORMAL RESOLUTION OF TITLE IX COMPLAINT

CF-2124 A





Complainant Last Name:	Complainant First Name:	Telephone:
Date of Complaint:	Case Number:	Case Name:
NATURE OF COMPLAINT:		
INFORMAL RESOLUTION:		
SIGNATURES		
Complainant Signature:		Date signed
Title IX Coordinator's Signature:		Date signed
Thic ix Coolullator 3 Signature.		Date signed
Superintendent of Schools Signature:		Date signed