WEBSTER CENTRAL SCHOOL DISTRICT
TITLE IX FORMAL COMPLAINT FORM

Title IX of the Education Amendments Act of 1972 and its implementing regulations (Title IX) prohibit discrimination on the basis of sex in any education program or activity operated by a district that receives federal assistance. As required by Title IX, the Webster Central School District does not discriminate on the basis of sex in its education programs and activities or when making employment decisions.

The District will promptly respond to reports of sexual harassment, ensure all investigations are conducted within a reasonably prompt time frame and under a predictable, fair grievance process that provides due process protections to complainants and respondents, and impose sanctions and implement remedies when warranted, in its discretion.

Instructions

This form is used to file a formal complaint of sexual harassment under Title IX. Under Title IX, sexual harassment includes conduct on the basis of sex and satisfies one or more of the following:

a) An employee of the District is conditioning the provision of an aid, benefit, or service of the District on an individual's participation in unwelcome sexual conduct;

b) Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the District's education program or activity; or

c) Sexual assault, dating violence, domestic violence, or stalking.

Filing a formal complaint of sexual harassment initiates the District's Title IX grievance process which involves, among other things, investigating the allegations of sexual harassment. At the beginning of the grievance process, a written notice of allegations will be sent to all known parties which describes, among other things, details of the allegations being made including the identities of the parties involved in the incident, if known, the conduct allegedly constituting sexual harassment, and the date and location of the alleged incident, if known.

This form must be completed and signed by either the alleged victim ("the complainant"), a parent or legal guardian who has the right to act on behalf of the complainant, or a Title IX Coordinator. It should be submitted to a Title IX Coordinator in person or by mail, email, or other method made available by the District. Filling this form out as thoroughly as possible will assist the District in providing for the prompt, thorough, and equitable a resolution of all allegations. Inquiries about this form or the Title IX grievance process may be directed to the District's Title IX Coordinator(s).

The District has designated and authorized the following District employee to serve as its Title IX Coordinators, his business address is 119 South Avenue, Webster, NY 14580:

1. David Swinson, Assistant Superintendent for Administration and Human Resources, (585) 216-0011, david_swinson@webstercsd.org.

You may use additional sheets of paper if needed and attach any relevant materials or evidence.

(Continued)

Information about the Complainant (*The person alleged to have experienced the sexual harassment.*)

First and last name: _____

Complainant's relationship to the District:

[ ] Student [ ] Employee [ ] Other _____

Primary building or location: _____

Further details including, if applicable, grade or title: _____

_____

Complainant's contact information:

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Information about the Respondent (*The person alleged to have perpetrated the sexual harassment*)

First and last name: _____

Respondent's relationship to the District:

[ ] Student [ ] Employee [ ] Other _____

Primary building or location: _____

Further details including, if applicable, grade or title: _____

_____

Respondent's contact information (*to the extent known*):

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

(Continued)

Information about the Alleged Incident(s)

Describe the alleged incident(s) of sexual harassment. **Include any known date(s), time(s), and place(s) of the alleged incident(s).**

_____

_____

_____

_____

Is the sexual harassment continuing? [ ] Yes [ ] No

Information about Witnesses

List the names and contact information for any witnesses (if applicable), individuals who may have information related to this formal complaint, or individuals you have discussed the alleged incident(s) with:

_____

_____

_____

_____

Information about Previous Reports

Have you previously reported or provided information (verbal or written) about this or related incidents? If yes, when and to whom did you report information to? What was the remedy, outcome, or resolution?

_____

_____

_____

Information about Legal Counsel

If you have obtained legal counsel and would like the District to work with them, please provide their name and contact information:

_____

(Continued)

Information about the Person Completing this Form

Are you the Complainant? [ ] Yes [ ] No

If no, please fill out the following:

First and last name: _____

Relationship to the Complainant:

[ ] I am the parent/legal guardian of the complainant

[ ] I am the Title IX Coordinator for the District

[ ] Other _____

Your contact information:

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Filing a Formal Complaint

Have you previously met with the District's Title IX Coordinator to discuss the allegations listed in this formal complaint and supportive measures available? [ ] Yes [ ] No

If yes, indicate the first and last name of the Title IX Coordinator: _____

Additional Information

Did you use additional sheets of paper and/or attach any relevant materials or evidence in completing this form? [ ] Yes [ ] No

If yes, please:

Indicate how many additional sheets of paper have been attached: _____

Identify all relevant materials and evidence that have been attached: _____

_____

_____

(Continued)

By signing below, I certify that the facts in this formal complaint are true to the best of my knowledge, information, and belief.

First and last name: _____

Signature: _____

Date: _____

Notice: If, after reviewing this form, the Tile IX Coordinator finds either that the conduct alleged in the formal complaint would not constitute sexual harassment even if proved, did not occur in the District's education program or activity, or did not occur against a person in the United States, then the District must dismiss the formal complaint. This dismissal does not preclude action under another related District policy, procedure, collective bargaining agreement, or another document such as the District *Code of Conduct*. Further, you have the right to appeal the dismissal of this formal complaint.

For District Use Only

Formal complaint initially received on: _____

Formal complaint initially received by: _____
(*name and title*)

Indicate to whom and the date that this formal complaint was forwarded, if at all:

_____

_____

_____