

COBLESKILL- RICHMONDVILLE CENTRAL SCHOOL

Sexual Harassment Complaint Form

Name of person making the complaint:

Student _____

Employee _____

School or Department _____

Statement of Complainant: Describe your complaint in as much detail as possible. Include names, dates, witnesses, etc. Attach any written documentation or evidence that you believe is relevant. Use additional sheets if necessary.

Specific solution requested by complainant:

Signature of Student or Employee

Date Submitted: _____

PLEASE FORWARD TO THE TITLE IX OFFICER(S)

For Office Use Only:

Informal Disposition Requested: Y/N: Disposition: Accepted/Rejected _____
date

Formal Level One Requested: Y / N: Disposition: Accepted/Rejected _____
date

Formal Level Two Requested: Y / N: Disposition: Accepted/Rejected _____
date