

Regulation

GENERAL COMMITMENTS

0014.1

TITLE IX FORMAL COMPLAINT FORM

The purpose of the Title IX formal complaint process is to inform the New Hartford Central School District of the allegations of sexual harassment as defined in Title IX so that the District may take appropriate action.

Date: _____

Name of Complainant: _____

Home Address: _____

Telephone: () _____ Email Address: _____

School: _____ Grade: _____

Role of Person Reporting Incident: _____
(Self/Witness/Parent/Guardian)

Date of Alleged Incident(s): _____

Name of Alleged Offender(s) (Respondent): _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such details as you believe may be sexual harassment, including complaints of sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. (Attach additional pages if necessary.)

I hereby certify that the information I have provided in this Complaint is true, correct and complete to the best of my knowledge and belief.

Your Signature

Date

Received by: _____
Title: _____

Date

New Hartford Central School District
Approved by the Superintendent: 09/20/22, 01/21/25