

Onteora Central School District

TITLE IX FORMAL COMPLAINT FORM

The purpose of this form is to gather the essential facts surrounding your allegations. Should you have questions about this form or the information to be provided, please contact the District's Title IX Coordinator, Stephanie Laffin at slaffin@onteora.k12.ny.us or 845-657-6383, ext. 1012.

(Complainant Name)

(School Building and Role/Grade)

(Complainant Telephone Number)

(Complainant Email Address)

(If applicable, Parent/Guardian Telephone Number) (Parent/Guardian Email Address)

Date of the Incident _____

Location of the Incident _____

Individual(s) Involved in the Incident _____

Were there witnesses to the incident? If so, please identify: _____

In the space below and on the back, please describe the incident or action(s) that you believe may be sexual harassment. Please provide date(s), time(s), and location(s) as specifically as possible. Please feel free to attach additional sheets if necessary, as well as to submit copies of text messages, photos, emails, or other items you believe are relevant to the incident.

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By signing below, I am requesting an investigation of these allegations of sexual harassment:

(Signature of Complainant, Parent of Minor Complainant, or Title IX Coordinator)

(Date)

**Please return this form to Stephanie Laffin at slaffin@onteora.k12.ny.us or by mail at
OCSD, Central Administration, P.O. Box 300, Boiceville, NY 12412**