



Cohasset Public Schools

Administration Office • 143 Pond Street • Cohasset, MA
02025

www.cohassetk12.org • Facsimile: 781-383-6507

Note: If you have questions about how to fill out this form, you may contact Dr. Leslie Scollins, Title IX Coordinator, at 781-383-4120 or lscollins@cohassetk12.org.

Name: _____

Contact Information: _____

Date(s) of Incident(s): _____

Location(s) of Incident(s): _____

Person(s) against whom complaint is made: _____

Description of conduct: _____

I hereby request that Cohasset Public Schools (CPS) conduct an investigation pursuant to its Grievance Procedures for Complaints of Sex Discrimination under Title IX of the Education Amendments of 1972. I understand that I may withdraw my complaint, in whole or in part, in writing at any time.

Signature: _____

Print name: _____

Date: _____

If student is under 18 years of age:

Parent or Guardian signature: _____

Print name: _____

Date: _____

Received by Cohasset Public Schools:

Signature: _____

Print name: _____

Date: _____

- Supportive measures have been discussed with the complainant
- Grievance procedures for Complaints of Sex Discrimination under Title IX of the Education Amendments of 1972 have been provided to complainant
- The complainant has been informed that retaliation (defined in the Grievance Procedures) is prohibited.