

Kingsway Regional School District

Affirmative Action/Title IX Complaint Form

It is the mission of the Affirmative Action/Title IX Office to ensure that the Kingsway Regional School District Board of Education maintains compliance with federal, state and local laws and regulations pertaining to non-discrimination and affirmative action for staff and students. Please note that while it is not always possible to honor a person's request for confidentiality, the district will do its best to ensure privacy in maintained and retaliation is prohibited.

Name of Individual Completing Form:

Today's Date:

Name of Complainant(s) (i.e. alleged victim):

Relationship to Complainant:

Self

Parent

Guardian

Other: _____

Name of Respondent(s) (i.e. alleged aggressor):

Phone Number to be Contacted:

Email to be Contacted:

Date(s) and Time(s) of incident:

Location of Incident:

Names of Witnesses:

Discrimination on the basis of: (Check all that apply.)

Race/Color

National / Ethnic Origin

Veteran Status

Sex

Sexual Orientation

Other: _____

Gender Identity

Disability

Religion/Creed

Age

3. What action, if any, has been taken so far?

4. Have you filed a complaint in the past? If yes, please provide the following information below:

Was it substantiated? Check YES or NO:

YES

NO