

WEBUTUCK CENTRAL SCHOOLS**SEXUAL HARASSMENT REPORT FORM**

Name of Complainant: _____ Date: _____

Check One: ☐ Student ☐ Employee ☐ Other

Date Of Incident: _____

Place of Incident: _____

Description of Incident: (Description in full detail; attach additional sheets if necessary)

Name(s) of witness(es), if any: _____

Has the incident been reported before? (If so, how?) _____

If yes, to whom? _____

What was the outcome? _____

Additional comments: _____

Signature of complainant: _____

Signature of person receiving complaint: _____ Date: _____

THE APPEAL PROCESS

Appeals may be filed with:

1. Superintendent of Schools
2. The Board of Education
3. The New York State Commissioner of Education
New York State Education Department
Washington Avenue
Albany, NY 12234
4. New York State Division of Human Rights
90 Washington Avenue
Albany, NY 12210
5. Federal Office of Civil Rights
26 Federal Plaza
New York, NY 10278

TITLE IX COMPLIANCE OFFICERS

Mr. Vincent Merendino
Mrs. Cara Tomasetti
194 Haight Road, P.O. Box 405
Amenia, NY 12501
845.373.4100 or 518.789.4672