



COMPLAINT OF SEX-BASED DISCRIMINATION / SEXUAL HARASSMENT

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.

Complainant Name: _____

Contact Information: _____

Date(s) of Incident(s): _____

Location(s) of Incident(s): _____

Person(s) against whom complaint is made: _____

Name(s) of Person(s) Impacted: _____

Description of discriminatory and/or harassing conduct being reported: _____

The Cohasset Public Schools policy of nondiscrimination shall apply to the District's students, staff, and families, and shall extend to the District's dealings with the general public and those with whom it does business, in accordance with applicable law. No individual shall be discriminated against or harassed in admission, employment, or access to educational opportunities, courses of study, programs, activities, or facilities of the Cohasset Public Schools on the basis of actual or perceived race, color, ethnicity, national origin, ancestry, immigration status, religion, creed, sex, sexual orientation, gender, gender identity or expression, genetic information, veteran status, U.S. uniformed military service member status, disability, age (student age eligibility requirements excepted), homelessness, marital or parental status, pregnancy or pregnancy related condition, or any status or characteristic protected under applicable federal, state or local law. Cohasset Public Schools is an equal opportunity employer. Any complaint of a violation of the District's nondiscrimination policy should be directed to the Superintendent of Schools or to the relevant District Officer or Coordinator (e.g., Title VI, Title VII, Title IX, ADA, Section 504, McKinney-Vento).

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

Signature: _____

Print name: _____

Date: _____

If Complainant/student is under 18 years of age:

Parent/Guardian signature: _____

Print name: _____

Date: _____

Received by Cohasset Public Schools:

Signature: _____

Print name: _____

Date: _____

- Supportive measures have been discussed / offered to the Complainant _____
- [Grievance procedures for Complaints of Sex Discrimination – Sexual Harassment under Title IX](#) of the Education Amendments of 1972, as amended, have been provided to Complainant _____
- The Complainant has been informed that intimidation and retaliation (defined in the Grievance Procedures) are prohibited _____