

North Tonawanda City School District
176 Walck Road
North Tonawanda, NY 14120
J. Jachlewski, Ed.D., Superintendent

Title IX Complaint Form

Please complete and submit to Dr. Corey Gray or your immediate supervisor.

Complainant Name _____ Contact Number _____

Position/Location _____ Supervisor _____

Information Regarding Alleged Victim (if he or she is not the complainant)

Victim Name _____ Position/Location _____

Contact Number (if known) _____

Information Regarding Alleged Respondent

Respondent Name _____ Position/Location _____

Contact Number (if known) _____

Basis of Discrimination or Harassment (Check all that apply.)

___sexual orientation	___religion	___gender	___association w/any of these
___color	___ethnicity	___ancestry	categories
___race	___racial origin	___age	___sexual harassment
___mental or physical disability			___sex

___not applicable

Information Regarding the Alleged Misconduct (Please include as many details as possible.)

Date & Time _____ Location _____

Information Regarding the Alleged Misconduct Continued...

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Witnesses (names, locations, phone numbers)

Signature of Person Completing Complaint Form

Date

Received By _____

Title _____

Date