

Belfast Central School
TITLE IX SEXUAL HARASSMENT
COMPLAINT FORM

1. Name of Complainant: _____
Date of Complaint: _____ Signature of Complainant: _____
2. Complainant is district (check one):
☐ Employee ☐ Student ☐ Parent/Guardian ☐ Other
3. Complainant's Position/Title: _____
4. Contact Information: Phone: _____
E-mail: _____
Address: _____
5. Date(s) and place(s) of alleged discrimination/harassment: _____

6. Name of person(s) committing action(s) against complainant: _____

7. Description of incident (attach additional sheets if necessary): _____

8. Witness, if any (or others with knowledge of incident): _____

9. Evidence of alleged harassment/discrimination (i.e. email, photos, letters) (attach any relevant documents):

10. Remedy, outcome, or resolution sought by complainant: _____

11. The allegation involves gender/sexual harassment, and I hereby request that the district investigate the allegation. ☐ yes ☐ no

Please see the Belfast Central School Discrimination/Harassment Policy

Completed form, along with any additional information, should be submitted via hand delivery, mail, or email to:

Belfast Central School
1 King Street
Belfast, NY 14711
ATTN: Title IX Coordinator
Fax: 585-365-2648; Email: caylor@belfastcsd.org

Complaint Form Received By: _____ Date: _____

If the Complainant does not wish to file a formal complaint is Title IX Coordinator proceed with the filing of a formal complaint? ☐ yes ☐ no

Title IX Coordinator Signature: _____ Date: _____