

Complaint of Title IX Sexual Harassment

Date: _____

Reporter Name: _____

Phone / Email Address: _____

Complainant Name: _____

Complainant Grade: _____

Complainant School: _____

Respondent Name: _____

Respondent Grade: _____

Respondent School: _____

Date of Reported Incident: _____

Description of Incident. Please describe the conduct you believe constitutes Title IX discrimination.

[illegible]

Witnesses to Incident:

[illegible]

Desired Outcome. Please describe the result or outcome you would like to see result from the grievance process:

Signature _____

Date _____

Title IX Complaints can be submitted to the Title IX Coordinator:

Name: Todd Stitzel
Title: Director of Human Resources
Address: Radnor Township School District
135 South Wayne Avenue
Wayne, PA 19087
Phone: 610-688-8100
Email: Todd.Stitzel@rtsd.org