



TITLE IX STUDENT REPORT OF HARASSMENT FORM

The Suffolk City School Board is committed to maintaining an educational environment that is free from harassment. In accordance with law, the School Board prohibits harassment against students, employees or others on the basis of sex, sexual orientation, gender, gender identity, race, color, national origin, disability, religion, ancestry, age, marital status, pregnancy, childbirth or related medical conditions, military status, genetic information or any other characteristic protected by law or based on a belief that such characteristic exists at school or any school sponsored activity.

If you believe you have suffered harassment in school, please complete this form to the best of your ability so that Suffolk Public Schools/Suffolk City School Board can thoroughly investigate the complaint and resolve the issue.

Last Name	First Name	Middle
School		ID#
Individual(s) who engaged in conduct you believe violates the School Board's policy against harassment:		
1.		
2.		
3.		
4.		
5.		

Please indicate whether you believe you were harassed based on which of the following categories below:

- ☐ Sex ☐ Race ☐ Religion ☐ Pregnancy ☐ Sexual Orientation ☐ Color ☐ Ancestry ☐ Childbirth ☐ Gender ☐ National Origin ☐ Age ☐ Military Status ☐ Gender Identity ☐ Disability ☐ Marital Status ☐ Genetic Information ☐ Other _____

Describe the nature of your complaint. Include dates, time of day, and locations where the alleged conduct took place. [Use additional sheets if needed]

Identify all persons who may have knowledge of the conduct about which you are complaining, and please describe how these persons became aware of this conduct:

Are there documents (e.g. photographs, e-mails, text messages, memoranda, video, audio tapes, etc.) that contain information to support the occurrences described above? If yes, please describe and attach a copy to this form.

Is there any other information that supports your complaint? If yes, please describe, and if possible, attach to this form.

How has the conduct referred to in this complaint affected your ability to attend school? Please describe in detail below:

How do you believe this situation should be resolved?

Have you previously complained about this alleged conduct or related conduct to a staff member at school? If so, please identify (a) the individual to whom you complained, (b) the date of the complaint, (c) the specific allegations of your previous complaint, and (d) the resolution of your previous complaint. Please attach copies of any documents, etc. related to the previous complaint, its investigation, and resolution.

Please provide names and contact information for any witness who may have knowledge of the conduct about which you are complaining. [Use additional sheets if needed]

Full Name	Is this a student or teacher?
1.	
2.	
3.	
4.	
5.	

NOTE:

School Board Policy Section 1-6.11. False Charges. — Students or school personnel who knowingly make false charges of harassment shall be subject to disciplinary action as well as any civil or criminal legal proceedings.

Please also note that Suffolk Public Schools/Suffolk City School Board will not retaliate against you or any witness for participating in any good-faith complaint. Any acts of retaliation should be promptly reported to your supervisor or to the Suffolk City School Board.

I certify that information contained in this report is true to the best of my knowledge, information and belief.

Print Parent Name or Student Name if 18

Parent Signature or Student Signature if 18

Date