

MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

8 - 43RD STREET • CENTEREACH, NY 11720
 631-285-8005 • 631-738-2719 (fax) • www.mccsd.net



Roberta A. Gerold, Ed.D., Superintendent of Schools
 Francine McMahon, Deputy Superintendent for Instruction
 Beth Rella, Ed.D., Asst. Superintendent for Business
 James G. Donovan, Asst. Superintendent for Human Resources

Title IX / Sexual Harassment Complaint Form

(Completed form should be returned to Building Principals)

* Indicates Required Fields

* Complainant Name:		* Date of Offense:
* <u>Complainant Contact Information</u>		
* Home and/or Cell Phone:		
* Address:		
* Email:		
School:		
*Target (Victim/s) Name:	Grade	
*Offender/s) Name:	Grade / Position	
*Offender/s) Name:	Grade / Position	
*Offender/s) Name:	Grade / Position	
*Witness/es Name and Contact Information:		

Incident Description of Harassing Behaviors

*Description of the sexual harassment (please use additional paper, as needed):

***Incident involved (check all that applies)?**

- Involving intimidation or abuse, but no verbal threat or physical contact
- Involving verbal threats, but no physical contact
- Involving physical contact, but no verbal threat
- Involving both verbal threat and physical contact

***Location of Incident:**

- On school property
- Off school property school grounds (specify): _____
- On a school bus
- On the way to/from school
- At a school function, activity, or event (specify): _____
- Other (specify): _____

***When did this happen? (Over what time period if continuing or more than once):**

*** Have you previously complained or provided information (verbal or written) about sexual harassment against the individual named above?**

- Yes
- No

*If yes, when and to whom? Date: _____ Reported to: _____

Are there observable changes in the student's (target) behavior (check all that apply)?

<input type="checkbox"/> Attendance	<input type="checkbox"/> Grades	<input type="checkbox"/> Depression	<input type="checkbox"/> Feelings about self/others
<input type="checkbox"/> Antisocial behaviors	<input type="checkbox"/> Self-destructive behaviors	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Social interaction/s
<input type="checkbox"/> Other, explain: 			

Preferred contact method (please select one): Phone, Email, Mail, In-Person

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Signature of Complainant/Reporter: _____ Date: _____