

LEWISTON-PORTER CENTRAL SCHOOL DISTRICT

3421F

FORMAL COMPLAINT OF SEX DISCRIMINATION OR SEXUAL HARASSMENT

Instructions: This form will be used to evaluate and process your complaint in accordance with District Policy **3421, Title IX Policy Against Sexual Harassment and Sex Discrimination**, and other applicable policies, rules or procedures established by the District. Please include as much detail as possible. If additional space is needed in response to any question please attach additional pages as necessary. You may also include and submit with this form any materials or evidence you believe are relevant to your allegations. Please note that by signing below, you are verifying that the information contained herein is true and accurate, and that you are requesting that the District conduct an investigation into the allegations.

Once completed, please sign where indicated at the bottom and submit this form along with any additional materials to the Title IX Coordinator (s);

1. Dr. Michael Lewis, Assistant Superintendent for Administrative Services, mlewis@lew-port.com, 716.286.7240
2. Dr. Heather Lyon, Assistant Superintendent for Curriculum, Instruction and Technology, hlyon@lew-port.com, 716.286-7244

If you have any questions or require assistance in completing this form, please feel free to contact the Title IX Coordinator(s) directly.

Name of Complainant: _____

If the Complainant is not the victim, please describe relationship to the victim: _____

Address: _____

Phone Number: (____) _____ Email: _____

Name of Victim: _____ Grade: _____

Name of Respondent: _____

Respondent's relationship to the District:

Student Employee Other (please describe): _____

Location of Incident(s): _____

Description of the incident(s) of sex discrimination or sexual harassment, including dates, times, locations and any other information you believe to be relevant to the complaint:

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Witnesses:

- 1. _____ Contact Info: _____
- 2. _____ Contact Info: _____
- 3. _____ Contact Info: _____

Have you previously reported these allegations, verbally or in writing, to any employees of the District or to law enforcement? If yes, please identify any such individual(s), when you informed each individual, and describe any outcome or resolution:

If there is a particular remedy or other corrective action you are seeking, please describe it here:

I understand that by signing this formal written complaint form, I affirm that all of the information set forth above is true and accurate to the best of my knowledge, and that I am requesting that the District investigate the allegations.

Complainant

Date

Received by: _____
Title IX Coordinator

Date

***Note:** If, after reviewing this form and any related materials submitted herewith, the Title IX Coordinator determines that the conduct alleged (i) does not constitute sexual harassment as defined by Title IX even if proved, (ii) did not occur in the District’s education program or activity, or (iii) did not occur against a person in the United States, then the formal complaint will be dismissed and will not proceed under the District’s Title IX Grievance Process. However, the dismissal of a formal complaint under Title IX does not preclude the District from conducting an investigation or taking other action under other applicable policies, rules or Code of Conduct of the District, as appropriate.

For District Use Only

Formal complaint initially received on: _____

Formal complaint initially received by: _____
(name and title)

If not received by the Title IX Coordinator, indicate the date on which the formal complaint was forwarded to the Title IX Coordinator: _____