

**BREWSTER CENTRAL SCHOOL DISTRICT
TITLE IX FORMAL COMPLAINT FORM**

The purpose of this form is to gather the essential facts surrounding your allegations. This form can be completed independently or in conjunction with one of the District's Title IX Coordinators (Dr. Michelle Gosh or Dr. Brent Harrington).

(Complainant/Student Name)

(School Building and Grade)

(If Staff Member - Position and Building)

(Staff Email Address)

(Parent/Guardian Telephone Number)

(Parent/Guardian Email Address)

(Student Telephone Number)

(Student Email Address)

Date(s) of the Incident(s) _____

Location of the Incident(s) _____

Individual(s) Involved in the Incident(s) _____

Were there witnesses to the incident(s)? If so, please identify: _____

Please describe the incident or action(s) that you believe may be sexual harassment as well as how the incident or action(s) has effected your educational experience or work activities. Please provide date(s), time(s), and location(s) as specifically as possible. Please feel free to attach additional sheets if necessary, as well as to submit copies of text messages, photos, emails, or other items you believe are relevant to the incident.

By signing below, I am requesting an investigation of these allegations of sexual harassment:

(Signature of Complainant, Parent of Minor Complainant, or TIX Coordinator)

(Date)