

WYALUSING AREA SCHOOL DISTRICT

TITLE IX Report Form

The Board declares it to be the policy of Wyalusing Area School District to provide a safe, positive learning and working environment that is free from bullying, hazing, dating violence, sexual harassment and other discrimination, and retaliation. If you have experienced, or if you have knowledge of, any such actions, we encourage you to complete this form. The Title IX Coordinator will be happy to support you by answering any questions about the report form, reviewing the report form for completion and assisting as necessary with completion of the report. The Title IX Coordinator's contact information is:

Position: Director of Human Resources and Facilities

Address: P.O. Box 157, 11450 Wyalusing New Albany Road, Wyalusing, PA 18853

Email: lcarr@wyalusingrams.com

Phone Number: 570-746-1600, ext. 3007

Retaliation Prohibited

The District, its employees and others are prohibited from intimidating, threatening, coercing, or discriminating against you for filing this report. Please contact the Title IX Coordinator immediately if you believe retaliation has occurred.

Confidentiality

Confidentiality of all parties, witnesses, the allegations and the filing of a report shall be handled in accordance with applicable law, regulations, Board policy, procedures, and the district's legal and investigative obligations. The school will take all reasonable steps to investigate and respond to the report, consistent with a request for confidentiality as long as doing so does not preclude the school from responding effectively to the report. If you have any questions regarding how the information contained in this report may be used, please discuss them with the Title IX Coordinator prior to filing the report. Once this report is filed, the district has an obligation to investigate the information provided.

Note: *For purposes of Title IX sexual harassment, this Report Form serves initially as an informal report, not a formal complaint of Sexual Harassment under Title IX.*

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Information About the Person Making This Request:

Name of Complainant: _____

Home Address

City/State/Zip

Phone Number

School Building (Select One):

Wyalusing Valley
High School

Wyalusing Valley
Elementary School

I am a: Student Parent/Guardian Employee Volunteer Visitor

Other _____
(please explain relationship to the district)

If you are not the victim of the reported conduct, please identify the alleged victim:

Name: _____

The alleged victim is: Your Child Another Student A District Employee

Other _____
(please explain relationship to the alleged victim)

Information About the Person(s) You Believe is/are Responsible for the Bullying, Hazing, Harassing or Other Discrimination You are Reporting:

What is/are the name(s) of the individual(s) you believe is/are responsible for the conduct you are reporting?

Name(s):

The reported individual(s) is/are:

Student(s) Employee(s)

Other _____
(please explain the relationship to the District)

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Description of the Conduct You are Reporting:

Nature of Complaint: In your own words, please describe the action(s) you believe may be sexual harassment, including complaints of sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

See additional page(s) (attached to this complaint form)

When did the reported conduct occur?

_____ (AM/PM)
Date *Approximate Time*

Where did the reported conduct take place?

Please provide the name(s) of any person(s) who was/were present, even if only for part of the time: _____

Please provide the name(s) of any other person(s) that may have knowledge or related information surrounding the reported conduct:

Have you reported this conduct to any other individual prior to giving this report?

Yes No

If yes, to whom have you spoken? _____

Date of this communication: _____ Form of Communication: _____

If you are the victim of the reported conduct, how has this affected you?

I certify that the foregoing information is true and correct.

Print Name

Signature

Date