

Form C:

SEXUAL DISCRIMINATION COMPLAINT FORM

Submit to (email, mail or in-person):

Dr. Bryan O'Black
oblackb@shalerarea.org
(412) 492-1200 ext. 2801
1800 Mt. Royal Blvd.
Glenshaw, PA 15116

Dr. Kathleen Graczyk
graczykk@shalerarea.org
(412) 492-1200 ext. 2814
1800 Mt. Royal Blvd.
Glenshaw, PA 15116

Any person may report sex discrimination, including Sexual Harassment (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sex discrimination or Sexual Harassment) in person, by mail, by telephone, or by electronic mail, using the above-contact information listed for the Title IX Coordinator, or by any other means that results in the Title IX Coordinator receiving the person's verbal or written report.

Nature of Complaint

- | | |
|--|--|
| <input type="checkbox"/> Verbal/Written Harassment or Abuse | <input type="checkbox"/> Unwelcomed touching |
| <input type="checkbox"/> Pressure for sexual activity | <input type="checkbox"/> Suggesting/demanding sexual involvement with implied threat concerning one's grades |
| <input type="checkbox"/> Repeated remarks/gestures to a person with sexual or demeaning implications | <input type="checkbox"/> Intimidating behavior (cornering/blocking) |
| <input type="checkbox"/> Displaying sexually suggestive materials | <input type="checkbox"/> Other: _____ |

Your name and best way to contact you: _____

Are you a student: _____. If yes, what Grade/Year: _____.

Are you submitting this on your own behalf or on behalf of someone else? _____

If submitting on behalf of someone else, please identify them and provide contact information: _____

Describe the conduct that brought you here: _____

When did this occur (date and time)? _____

Where did this occur? _____

Who is/are the perpetrators (name; relationship to the District)? _____

Who else was present when this incident occurred? _____

What was their involvement? _____

Please attach a written description of this/these incident(s). Please include as much detail as possible.

I have reviewed the above information and it is factual as I have reported it. I understand that the privacy of the charging party and the person accused of sexual harassment will be kept strictly confidential and will only be discussed on a need to know basis as a means of investigating and resolving this matter. However, the District shall not restrict the ability of either party to discuss the allegations under investigation or to gather and present relevant evidence.

I understand that the Title IX Coordinator shall promptly contact me (or, if I am not the alleged victim, the alleged victim) to discuss the availability of Supportive Measures, consider my wishes with respect to Supportive Measures, inform me of the availability of Supportive Measures with or without the filing of a Formal Complaint, and explain to me the process for filing a Formal Complaint.

Signature of Person Filing Report* Date

*** Signatures may be physical or digital, or otherwise indicates that the signing person is the person filing the complaint of sex discrimination.**

Signature of Title IX Coordinator Date
(Upon Receipt)

Oral Report:

Check Here if Title IX Coordinator Received an Oral Report: _____

In an Oral Report, Title IX Coordinator should complete the Complaint. In addition, please note the following:

Was the Oral Report submitted in person or over the phone? _____

What was the date and time of the report? _____

Where did the Title IX Coordinator receive the report? _____

Attach any notes taken by the Title IX Coordinator when receiving the Report.

Signature of Title IX Coordinator Date

