

North Tonawanda City School District
176 Walck Road
North Tonawanda, NY 14120
G. Woytila, Superintendent

Title IX Complaint Form

Please complete and submit to Katie Smith/Gregory Burgess (Title IX Officers) or your immediate supervisor.

Complainant Name _____ Contact Number _____

Position/Location _____ Supervisor _____

Information Regarding Alleged Victim (if he or she is not the complainant)

Victim Name _____ Position/Location _____

Contact Number (if known) _____

Information Regarding Alleged Respondent

Respondent Name _____ Position/Location _____

Contact Number (if known) _____

Basis of Discrimination or Harassment (Check all that apply.)

sexual orientation religion gender association w/any of these
 color ethnicity ancestry categories
 race racial origin age sexual harassment
 mental or physical disability sex

not applicable

Information Regarding the Alleged Misconduct (Please include as many details as possible.)

Date & Time _____ Location _____
