

# TITLE IX DISCRIMINATION COMPLAINT FORM



**The Title IX Coordinator and/or designee investigate complaints by faculty, staff, and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.**

I am filing this complaint as a: check one: (✓)

- Anonymous
- Faculty
- Staff
- Student
- Parent

Name \_\_\_\_\_

Department (if applicable) \_\_\_\_\_

School (if applicable) \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Have you brought this matter to the attention of any other department(s) at The Dunmore School District? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.

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Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. When the form has been completed and signed by you, and then signed by the Title IX Coordinator or a Deputy, your complaint has been properly received and noted by The School District. We will provide you with a copy of this form as well as complete information about the Title IX complaint process.

**Title IX Coordinator: Kaley Noone**



Noonek@dunmore  
schooldistrict.net



(570)343-2043  
x340

300 West Warren Street  
Dunmore, PA 18512

## Type of Complaint

Check all that apply (✓)

- Bullying
- Cyber bullying
- Gender Discrimination
- Gender Inequity
- Sexual Harassment
- Sexual Assault
- Sexual Misconduct
- Stalking
- Rape
- Retaliation
- Relationship Violence

Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

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Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, customer.

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Describe the corrective action you are seeking. Attach additional pages if necessary.

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For retaliation complaints, please explain why you believe someone retaliated against you:

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Witnesses (The relationship information requested means co-worker, supervisor, customer, faculty, etc.)

1.	_____	_____	_____
	Name	Relationship	Telephone
2.	_____	_____	_____
	Name	Relationship	Telephone
3.	_____	_____	_____
	Name	Relationship	Telephone

**I certify the aforementioned is true and correct.**

Your signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Complaint taken by:**

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_