

**Monroe 2-Orleans BOCES
TITLE IX FORMAL COMPLAINT FORM**

Title IX of the Education Amendments Act of 1972 and its implementing regulations prohibit discrimination on the basis of sex in any education program or activity operated by a BOCES that receives federal financial assistance. As required by Title IX, the BOCES does not discriminate on the basis of sex in its education programs and/or activities or when making employment decisions.

The BOCES will promptly respond to reports of sex discrimination and sexual harassment, ensure that all investigations are conducted within a reasonably prompt time frame and under a predictable fair grievance process that provides due process protections to complainants and respondents, and impose sanctions and implement remedies when warranted.

Instructions

This form is used to file a formal complaint of sexual harassment under Title IX. Under Title IX, sexual harassment includes conduct on the basis of sex that satisfies one or more of the following:

- a) An employee of the BOCES or component district conditioning the provision of an aid, benefit, or service of the BOCES on an individual's participation in unwelcome sexual conduct;
- b) Unwelcome sexual conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the BOCES education program or activity; or
- c) Sexual assault, dating violence, domestic violence, or stalking.

Filing a formal complaint of sexual harassment initiates the BOCES Title IX grievance process which involves, among other things, investigating the allegations of sexual harassment. At the beginning of the grievance process, a written notice of allegations will be sent to all known parties which describes, among other things, details of the allegations being made including the identities of the parties involved in the incident, if known, the conduct allegedly constituting sexual harassment, and the date and location of the alleged incident, if known.

This form must be completed and signed by either the alleged victim ("the complainant"); a parent or legal guardian who has a right to act on behalf of the complainant; or the Title IX Coordinator, under certain circumstances. This form should be submitted to the Title IX Coordinator in person or by mail, email, or other method made available by the BOCES. Filling this form out as thoroughly as possible will assist the BOCES in providing for the prompt, thorough, and equitable resolution of all allegations. Inquiries about this form or the Title IX grievance process may be directed to the BOCES Title IX Coordinator(s).

*The BOCES has designated and authorized the following BOCES employees to serve as its Title IX Coordinators:

Steve Roland, Assistant Superintendent for Finance and Operations
Monroe 2-Orleans BOCES
3599 Big Ridge Road, Spencerport, NY 14559
sroland@monroe2boces.org; 585-352-2413

Karen Brown, Esq., Assistant Superintendent for Human Resources
Monroe 2-Orleans BOCES
3599 Big Ridge Road, Spencerport, NY 14559
kbrown@monroe2boces.org; 585-352-2420

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You may use additional sheets of paper if needed and attach any relevant materials or evidence.

Information about the Complainant

(The person alleged to have experienced the sex discrimination or sexual harassment.)

First and last name: _____

Complainant's relationship to the BOCES:

☐ Student ☐ Employee ☐ Other _____

Primary building or location: _____

Further details including, if applicable, grade or title: _____

Complainant's contact information:

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Information about the Respondent

(The person alleged to have perpetrated the sex discrimination or sexual harassment.)

First and last name: _____

Respondent's relationship to the BOCES:

☐ Student ☐ Employee ☐ Other _____

Primary building or location: _____

Further details including, if applicable, grade or title: _____

Respondent's contact information:

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

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Information about the Alleged Incident(s)

Describe the alleged incident(s) of sex discrimination or sexual harassment and how it has affected you. **Include any known date(s), time(s), and place(s) of the alleged incident(s).**

Is the sex discrimination or sexual harassment continuing? [☐] Yes [☐] No

Information about Witnesses

List the names and known contact information for any witnesses, individuals who may have information related to this formal complaint, or individuals you have discussed the alleged incident(s) with:

Information about Previous Reports

Have you previously reported or provided information (verbal or written) about this or related incidents? If yes, when and to whom did you report information to? What was the remedy, outcome, or resolution?

Information about Legal Counsel

If you have obtained legal counsel and would like us to work with them, please provide their name and contact information:

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Information about the Person Completing this Form

Are you the complainant? ☐ Yes ☐ No

If no, fill out the following:

First and last name: _____

Relationship to the complainant:

☐ I am the parent/legal guardian of the complainant

☐ I am the Title IX Coordinator for the BOCES

☐ Other _____

Your contact information:

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Filing a Formal Complaint

Have you previously met with the BOCES Title IX Coordinator to discuss the allegations listed in this formal complaint and supportive measures available? ☐ Yes ☐ No

If yes, indicate the first and last name the Title IX Coordinator: _____

Are you requesting that the BOCES investigate the allegations being made in this formal complaint? ☐ Yes ☐ No

Additional Information

Did you use additional sheets of paper and/or attach any relevant materials or evidence in completing this form? ☐ Yes ☐ No

If yes, please:

Indicate how many additional sheets of paper have been attached: _____

Identify all relevant materials and evidence that have been attached: _____



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I certify that the facts in this formal complaint are true to the best of my knowledge, information, and belief.

First and last name: _____

Signature: _____

Date: _____

Notice: If, after reviewing this form, the Title IX Coordinator finds either that the conduct alleged in the formal complaint would not constitute sexual harassment even if proved, did not occur in the BOCES education program or activity, or did not occur against a person in the United States, then the BOCES will dismiss the formal complaint. This dismissal does not preclude action under another related BOCES policy, procedure, collective bargaining agreement, or other document such as the Code of Conduct. Further, you have the right to appeal the dismissal of this formal complaint.

For BOCES Use Only

Formal complaint initially received on: _____

Formal complaint initially received by: _____
(name and title)

Indicate to whom and the date that this formal complaint was forwarded, if at all:
