

Rhinebeck Central School District
Complaint Form for Reporting Sexual Harassment

While the use of this form is not mandatory to file a complaint, its use may ensure that sufficient detail is provided.

The purpose of this form is to gather the essential facts surrounding your allegations. Should you have questions about this form or the information to be provided, please contact the District's Title IX Coordinator:

Emily Davison
(edavison@rhinebeckcsd.org)
(845) 871-5570 extension 6512

(Complainant/Student Name)

(School Building and Grade)

(Parent/Guardian Telephone Number)

(Parent/Guardian Email Address)

(Student Telephone Number)

(Student Email Address)

Date of the Incident _____

Location of the Incident _____

Individual(s) Involved in the Incident _____

Were there witnesses to the incident? If so, please identify: _____

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Please describe the incident or action(s) that you believe may be sexual harassment. Please provide date(s), time(s), and location(s) as specifically as possible. Please feel free to attach additional sheets if necessary, as well as to submit copies of text messages, photos, emails, or other items you believe are relevant to the incident.

By signing below, I am requesting an investigation of these allegations of sexual harassment:

(Signature of Complainant, Parent of Minor Complainant, or TIX Coordinator)

(Date)