WEBUTUCK CENTRAL SCHOOLS
SEXUAL HARASSMENT REPORT FORM

Name of Complainant:______________________________________ Date:___________________

Check One: ☐ Student ☐ Employee ☐ Other

Date Of Incident:__________________________________________

Place of Incident:__________________________________________

Description of Incident: (Description in full detail; attach additional sheets if necessary)

Name(s) of witness(es), if any:_________________________________

Has the incident been reported before? (If so, how?)__________________________

If yes, to whom? ____________________________________________

What was the outcome?______________________________________

Additional comments:_______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of complainant:______________________________________

Signature of person receiving complaint:_______________________

THE APPEAL PROCESS
Appeals may be filed with:
1. Superintendent of Schools
2. The Board of Education
3. The New York State Commissioner of Education
   New York State Education Department
   Washington Avenue
   Albany, NY 12234
4. New York State Division of Human Rights
   90 Washington Avenue
   Albany, NY 12210
5. Federal Office of Civil Rights
   26 Federal Plaza
   New York, NY 10278

TITLE IX COMPLIANCE OFFICERS
Mr. John Merwin
Mrs. Cara Tomsatetti
194 Haight Road, P.O. Box 405
Amenia, NY 12501
845.373.4100 or 518.789.4672

December 2, 2013

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