



Title IX Discrimination Complaint Form

(including gender equity/sexual harassment/sexual violence)

To file a complaint with the school district, please complete and mail, email or bring this form to the appropriate office as listed below. Or, you may call the appropriate office to make arrangements for a representative to meet with you there or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call to schedule an appointment.

Although the school district cannot commit to keeping a complaint of discrimination confidential because of the school district's obligation to investigate the complaint, the school district will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Please feel free to contact our offices if you have any questions regarding the process for filing or investigating complaints of discrimination (including sexual harassment).

Employee Contact: Lisa Corr, Director of Human Resources
Email: lcorr@cbsd.org
Address: 20 Welden Drive
Doylestown, PA 18901
Telephone: (267) 893-2000

Student/Parent Contact: Alyssa Marton, Director of Pupil Services
Email: amarton@cbsd.org
Address: 16 Welden Drive
Doylestown, PA 18901
Telephone: (267) 893-2000

Athletics Contact: Charles Malone, Assistant Superintendent for Secondary Education
Email: cmalone@cbsd.org
Address: 20 Welden Drive
Doylestown, PA 18901
Telephone: (267) 893-2000

Note: A victim of discrimination or harassment is encouraged to use the school district's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor, or Office of Civil Rights.

**CENTRAL BUCKS SCHOOL DISTRICT
CONFIDENTIAL TITLE IX DISCRIMINATION COMPLAINT FORM**

If other, please explain:

COMPLAINANT:

Last Name

First Name

MI

Address

Work Telephone

Home Telephone

NATURE OF COMPLAINT: (Check one or more)

If other, please explain:

PERSON WHO DISCRIMINATED AGAINST YOU:

Name

Title

Department

DESCRIPTION OF COMPLAINT: Describe your complaint and why you believe this person discriminated/retaliated against you. Explain why you have contact with this individual, e.g. supervisor, co-worker, faculty, customer, etc. Give date(s), time(s), place(s) the discrimination/retaliation occurred. (Attach additional pages as necessary.) **u^o #=U -Vu**

PREVIOUS ACTION: Have you brought this matter to the attention of any other department(s) at the university? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter. **u^o #=U -Vu**

COMPLAINT DOCUMENTATION: Explain any documentation supporting your complaint. **u^o #=U -Vu**

CORRECTIVE ACTION SOUGHT: (Attach additional pages as necessary.) ° uu° #=U -Vu

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WITNESSES: (Relationship= co-worker, supervisor, customer, faculty, etc.)

_____	_____	_____
Name	Title/Relationship	Telephone

_____	_____	_____
Name	Title/Relationship	Telephone

_____	_____	_____
Name	Title/Relationship	Telephone

DECLARATION:

I declare under penalty of perjury that the foregoing is true and correct. Your email address in lieu of your signature if this complaint is filed via email.

_____	_____	_____
Signature	Print Name	Date