



Worcester County Public Schools

Title IX Sexual Harassment

Formal Complaint Form

I. Contact Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Work/Cell Phone: _____

Email: _____

II. Complainant (Victim) Information:

Name of Complainant (if different from above): _____

School Name: _____

Grade: _____ Principal: _____

III. Respondent (Accused) Information:

Name of Respondent(s): _____

School Name: _____

Is this accused a student? Yes: No:

If yes, please indicate the accused student's grade: _____

Is the accused a WCPS Staff Member? Yes: No: Other:

If other, identify the WCPS affiliation or organization: _____

IV. Basis of Complaint. Please check the box(es) that most appropriately describes the incident.

You were exposed to unwelcome conduct of a sexual nature by a student or staff member that denied you access to the District's education program or activity.

You feel the alleged behavior is/was **severe, pervasive, and objectively offensive.**

You were the victim of any of the following:

- Sexual Assault, including rape, fondling, incest, or statutory rape.
- Dating Violence
- Domestic Violence
- Stalking

An employee of the District (or person affiliated with WCPS) requested your participation in unwelcome sexual conduct or activity in exchange for District aid, benefits, or services.

V. Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if more space is needed.

Did the harassment occur within or during a **WCPS program or activity** (for example: at a school site, a WCPS event, or school-sponsored field trip)? If so, please describe below:

Please **describe** the type of incident(s) you experienced that led to the complaint in as much detail as possible, including all dates and times when the incident(s) occurred or when the alleged acts first came to your attention and location(s) where the incident(s) occurred. Include facts that show that the behavior is/was **severe, pervasive, and objectively offensive**.

Did this incident interfere with your ability to **access or participate in a District education program or activity**? If so, please describe below:

List the **individuals** involved in the relevant incident(s):

List any **witnesses** to the incident(s):

Are you experiencing any **ongoing harassment**?

By submitting this form to the Title IX Coordinator, the Complainant wishes to initiate WCPS Formal Title IX Complaint Procedures. The Complainant understands that the Title IX Coordinator has 10 days to review the Complaint and make a determination about the jurisdiction to investigate the complaint and will provide written notice to the Complainant after 10 days.

Signature of Person Filing Complaint

Date

Please submit this complaint to:
Title IX Coordinator
Worcester County Board of Education
6270 Worcester Highway
Newark, MD 21841
410.632.5000
TitleIX@worcesterk12.org