

**Oxford Area School District
Discrimination/Harassment Incident Reporting Form**

Discrimination in any form is strictly prohibited by the School District. All reports of discrimination/harassment will be promptly and equitably addressed.

- Title IX of the Education Amendments of 1972 ("Title IX") specifically prohibits discrimination on the basis of sex in federally-funded education programs and activities and extends to employment.
- Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin.
- The Age Discrimination Act of 1975 prohibits discrimination based on age.
- Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 prohibits discrimination against persons with disabilities.

It is the responsibility of the District to ensure that all students and members of the school community have a safe school environment. This includes ensuring that any incident of discrimination, harassment, or sexual misconduct is given immediate attention, including investigating the incident, taking appropriate corrective action, and providing students and staff with appropriate supportive resources. Complaints alleging discrimination or harassment will be taken seriously and handled in a prompt and equitable manner.

Name of Person Filing Complaint: _____

Contact Information:

Address _____

Phone number _____ Cell phone _____

Email Address _____

Name of School (Elementary, Middle, High, Vocational):

Relationship to the School:

- Student
- Parent
- Faculty
- Employee
- Other (please describe):

Please describe the basis of the complaint (what was seen, heard or observed, when and who was present)

Please identify the complainant, if someone other than the complainant is filing the report and if known. Please include the name and relationship of the complainant to the school (grade/year/job title, if employee):

Please identify the alleged perpetrator, if known. Please include the alleged perpetrator's name and relationship to the school (grade/year/job title, if employee):

- If you are the complainant/victim and wish to remain anonymous, please check here.

Please understand that if you wish to remain anonymous, it may limit or prohibit the school from taking necessary or requested steps to address the basis of the complaint and the complaint may be dismissed.

You may deliver or email this complaint to:

- The Title IX Coordinator at [insert email] or
- The Deputy Title IX Coordinator/Title IX Liaison [insert name/email]
- The Assistant Principal [insert email]

You will be contacted to further discuss the complaint.

Signature: _____ Date: _____

NOTE:

- If you are an employee/faculty member of the school or otherwise identified as a **mandatory reporter** of child abuse (pursuant to Chapter 23 PA.C.S. §6311), please be reminded that the nature of the report may require you to make a report to ChildLine 1-800-932-0313.
- School District Administrator, Compliance Officer and/or Title IX Coordinator, please be advised that the nature of this report may require you to notify law enforcement.

