

**Title IX**  
**Discrimination/Harassment Complaint Form\*\***  
**Delsea Regional High School District**

*The Delsea High School District does not discriminate in its employment practices, business action, and/or educational opportunities because of race, creed, color, national origin, ancestry, marital status, sex, or handicap.*

Office of Title IX  
Title IX Coordinator: Ken Schoudt, Athletic Director  
P.O. Box 405, 242 Fries Mill Road, Franklinville, NJ 08322  
(856) 694-0100, Extension 231 (phone) \* (856) 694-4417 (fax)

\*\*Please be advised that all information disclosed is confidential and can be discussed in person.

**Complaint Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Location: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

I prefer to be contacted at the following:    \_\_\_ E-Mail    \_\_\_ Work Address    \_\_\_ Home Address

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**Discrimination or Harassment Based on:**

Check Box	Category		Check Box	Category
<input type="checkbox"/>	Race	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy
<input type="checkbox"/>	Creed	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Harassment
<input type="checkbox"/>	Gender	<input type="checkbox"/>	<input type="checkbox"/>	Military Service
<input type="checkbox"/>	Religion	<input type="checkbox"/>	<input type="checkbox"/>	Marital/domestic partnership/civil union status
<input type="checkbox"/>	Age	<input type="checkbox"/>	<input type="checkbox"/>	Disability
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	<input type="checkbox"/>	Retaliation for Having Previously filed an Affirmative Action Complaint
<input type="checkbox"/>	Color	<input type="checkbox"/>	<input type="checkbox"/>	Gender Identification or expression
<input type="checkbox"/>	Affectional or Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	Genetic Information
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify):

**Accused Information:**

Name (First, Middle, Last)

Title

Location


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## Discrimination History:

First date of this particular act of discrimination: \_\_\_\_\_

Witness Information (for the present alleged incident):

Name (First, Middle, Last)	Title	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you reported this allegation of harassment or discrimination to any supervisor or administrator? If so, please indicate to whom, when, and what was the result:

Name	Title	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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**Resolution:**

What corrective action are you seeking?

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Have you ever filed a Discrimination/Harassment Complaint in the past? If so, please provide the following information:

Type of Complaint	Date Filed	Substantiated or Unsubstantiated
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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**Certification:** I certify that the foregoing information is correct to the best of my knowledge.

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the building Title IX Coordinator**

**Findings:**

\_\_\_\_\_ ALLEGATION(S) HAS/HAVE BEEN FOUND TO BE SUPPORTED BY  
TITLE IX GUIDELINES

\_\_\_\_\_ ALLEGATION(S) HAS/HAVE NOT BEEN FOUND TO BE SUPPORTED BY  
TITLE IX GUIDELINES

Date: \_\_\_\_\_

\_\_\_\_\_  
Title IX Building Representative

\*\*\*\*\*

**Attach to the form a written summary of your investigation including date of interviews. Please also be sure that you have responded to both parties within ten (10) days in writing with the results of your investigation.**