

TITLE IX Complaint Form

If you wish to make a complaint or report of sex discrimination, sexual misconduct or other behavior prohibited by Board policies 6121 and/or 7551, please provide the following information.

Once you have completed this form send it to the District's Title IX coordinator located within the Oswego City School District Personnel Office.

Jacklyn Beck
Executive Director of Special Education and Student Services
1 Buccaneer Boulevard
Oswego, New York 13126
Phone: 315-341-2014

Name: _____

Telephone: _____

Telephone (alternate): _____

Email: _____

Address: _____

Preferred method of contact (circle one)

Email

Phone

Mail

Status (circle one)

Student

Faculty

Staff

Other (Please specify) _____

Date of the event(s) _____

Location of the event(s) _____

Describe in much detail as possible the event(s) that occurred. Please include the name(s) of all parties involved and the name(s) of any witnesses or individuals who may have knowledge of the event(s)
