

# 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.

Dr. Robert Duffy  
Director of Student Services  
Rduffy@oswego.org  
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)

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