

Formulario de agravio del Título IX

Escuelas públicas de Bergenfield

El propósito de este formulario de queja del Título IX es recopilar información objetiva y esencial sobre una supuesta acción de acoso sexual en violación del Título IX y la política del distrito 5751.

Según la política del distrito 5751:

“Acoso sexual” (34 CFR §106.30(a)) significa conducta basada en el sexo que satisface uno o más de los siguientes:

- a. Un empleado del distrito escolar que condiciona la prestación de una ayuda, beneficio o servicio del distrito escolar a la participación de un estudiante en una conducta sexual no deseada;
- b. Conducta no deseada determinada por una persona razonable como tan severa, generalizada y objetivamente ofensiva que efectivamente niega a un estudiante acceso igualitario al programa o actividad educativa del distrito escolar; o
- c. “Agresión sexual” como se define en 20 U.S.C. §1092(f)(6)(A)(v), “violencia en el noviazgo” según se define en 34 U.S.C. §12291(a)(10), “violencia doméstica” según se define en 34 U.S.C. §12291(a)(8), o “acecho” según se define en 34 U.S.C. §12291(a)(30).”

La política del distrito 5751 se puede encontrar en su totalidad en la página del Título IX del sitio web del Distrito de Escuelas Públicas de Bergenfield, accesible a través de este enlace: [Title IX Policy](#)

Si tiene alguna pregunta sobre este formulario o el proceso de investigación del Título IX, o necesita enviar el formulario completo, comuníquese con:

Darlene Markman
Coordinadora del Título IX del Distrito
dmarkman@bergenfield.org
201-385-6250 X 1901

1. Complainant Information

Name: _____

Address: _____

Phone: _____

Email: _____

Student Grade Level: _____

2. Nature of the Grievance:

Please describe the action(s) you believe may be considered sexual discrimination, including complaints of sexual harassment or sexual violence.

Name of alleged offender: _____

Position of alleged offender (if employee): _____

Grade level of alleged offender (if student): _____

Address of alleged offender (if 3rd party): _____

Employer of alleged offender (if 3rd party): _____

Describe the action(s) that you feel took place and that you believe are in violation of Title IX. You may attach additional sheets if needed:

3. When did the actions described above occur? _____

4. Did anyone witness this matter? (circle one) YES NO

4a. If yes, please indicate the name(s) of all witnesses below:

5. Did you discuss this matter with any of the witnesses identified in item 4?

(circle one) YES NO

5a. If yes, please indicate the name of the witness(es), the date on which you communicated with them, and the method of communication used.

Name: _____ Date: _____

Method of Communication: _____

(You may attach additional sheets if needed)

6. Have you spoken to any administrator(s) or other school employee(s) about this matter?

(Circle One) YES NO

If yes, please identify the name, date and method of communication used.

Name: _____ **Date:** _____

Method of Communication: _____

(You may attach additional sheets if needed)

6a. Please describe the result of any of the discussion identified in item 6.

7. Has a formal HIB complaint /Investigation taken place regarding this incident?

(circle one) YES NO

Please attach any additional information that you feel is pertinent to the complaint.

Total number of sheets attached: _____

I certify that the information contained in the Title IX Grievance Form is true to the best of my knowledge and belief. I understand that the contents of the Title IX Grievance form will be shared with the accused and will be reviewed as part of the investigation of this complaint and the rendering of a decision on this complaint at every step of the complaint procedure.

Complainant's Signature: _____ **Date:** _____