

Title IX Grievance Form

Bergenfield Public Schools

The purpose of this Title IX grievance form is to gather essential, factual information regarding an alleged action of sexual harassment in violation of Title IX and district policy 5751.

According to district policy 5751:

“Sexual harassment” (34 CFR §106.30(a)) means conduct on the basis of sex that satisfies one or more of the following:

- a. An employee of the school district conditioning the provision of an aid, benefit, or service of the school district on a student’s participation in unwelcome sexual conduct;
- b. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a student equal access to the school district’s education program or activity; or
- c. “Sexual assault” as defined in 20 U.S.C. §1092(f)(6)(A)(v), “dating violence” as defined in 34 U.S.C. §12291(a)(10), “domestic violence” as defined in 34 U.S.C. §12291(a)(8), or “stalking” as defined in 34 U.S.C. §12291(a)(30).”

District policy 5751 can be found in its entirety on the Bergenfield Public School District Website Title IX page, accessible through this link: [Title IX Policy](#)

If you have any questions about this form, or the Title IX investigation process, or need to submit the completed form, please contact:

Darlene Markman
District Title IX Coordinator
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:** _____