

Lake George CSD – Title IX
Sexual Harassment Complaint Form

Complainant's Name:

First Name	Last Name	School/Grade/Department
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Complainant's Status: Student _____ Employee _____

Department: _____

Your complaint of sexual harassment is made about:

First Name	Last Name	School/Grade/Department
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Statement of Complainant: Describe how you believe you have been discriminated against, including whether it is ongoing or has ceased; where able, please include pertinent dates and whether there are witnesses to any moment(s) when you felt discriminated against. Use additional pages as necessary.

Resolution requested by complainant:

Signature of Complainant:

Date submitted: _____

Please forward this completed form to one of the following Title IX Officers:

Lake George CSD Title IX Compliance Officers

Elementary Principal (conwayj@lkgeorge.org) 518-668-5715, at 69 Sun Valley Dr., Lake George, NY 12845

Secondary Principal (cocozzaf@lkgeorge.org) 518-668-5456 ext. 1201, at 381 Canada St., Lake George, NY 12845

