WEST SHORE SCHOOL DISTRICT

Bullying, Discrimination, Hazing, and/or Sexual Harassment Reporting

For use under Board Policy 247 (Hazing), Board Policy 249 (Bullying),
Board Policy 103 (Discrimination/Title IX Sexual Harassment) and
Board Policy 104 (Discrimination/Title IX Sexual Harassment)

The Board declares it to be the policy of the West Shore School District to provide a safe, positive learning and working environment that is free from bullying, discrimination, hazing, sexual harassment, and retaliation. If you have experienced, or if you have knowledge of, any such actions, we encourage you to complete the Complaint Report on page 2.

The West Shore School District's Title IX Coordinators will be happy to support you by answering any questions about the report, reviewing the form for completion, and assisting as necessary with completion of the report.

For staff Title IX assistance, please contact:

Ms. Denise Erickson
Staff Title IX Coordinator/Director of Human Resources – West Shore School District
507 Fishing Creek Road, Lewisberry, PA 17339
derickson@wssd.k12.pa.us
717-938-9577

For Student Title IX assistance, please contact:

Dr. Nick Butt
Student Title IX Coordinator/Director of Student Services – West Shore School District
West Shore School District
507 Fishing Creek Road, Lewisberry, PA 17339
nbutt@wssd.k12.pa.us
717-938-9577

Retaliation Prohibited

The District, its employees and others are prohibited from intimidating, threatening, coercing, or discriminating against you for filing this report. Please contact the Title IX Coordinator immediately if you believe retaliation has occurred.

Confidentiality

Confidentiality of all parties, witnesses, the allegations and the filing of a report shall be handled in accordance with applicable law, regulations, Board policy, procedures, and the District's legal and investigative obligations. The school will take all reasonable steps to investigate and respond to the report, consistent with a request for confidentiality as long as doing so does not preclude the school from responding effectively to the report. If you have any questions regarding how the information contained in this report may be used, please discuss them with the Title IX Coordinator prior to filing the report. Once this report is filed, the district has an obligation to investigate the information provided.

West Shore School District
Bullying/Discrimination/Hazing/Sexual Harassment Complaint

Information about the Person Making this Report:

Name: _____

Address: _____

Phone Number: _____

School Building: _____

I am a:

☐ Student ☐ Parent/Guardian ☐ Employee ☐ Volunteer ☐ Visitor

☐ Other_____(please explain relationship to the district)

If you are not the victim of the reported conduct, please identify the alleged victim:

Name: _____

The alleged victim is: ☐ Your Child ☐ Another Student ☐ A District Employee

☐ Other:_____(please explain relationship to the alleged victim)

Information about the Person(s) you Believe is/are Responsible for the Bullying/Discrimination/Hazing/Sexual Harassment you are Reporting:

What is/are the name(s) of the individual(s) you believe is/are responsible for the conduct you are reporting?

Name(s): _____

The reported individual(s) is/are:

☐ Student ☐ Employee

☐ Other_____(please explain relationship to the district)

Description of the Conduct you are Reporting:

In your own words, please do your best to describe the conduct you are reporting as clearly as possible. Please attach additional pages if necessary:

When did the reported conduct occur? (Please provide the specific date(s) and time(s) if possible):

Where did the reported conduct take place?

Please provide the name(s) of any person(s) who was/were present, even if for only part of the time.

Please provide the name(s) of any other person(s) that may have knowledge or related information surrounding the reported conduct.

Have you reported this conduct to any other individual prior to giving this report?

☐ Yes ☐ No

If yes, who did you tell about it?

If you are the victim of the reported conduct, how has this affected you?

I affirm that the information reported above is true to the best of my knowledge, information, and belief.

_____ _____

Signature of Person Making the Report Date

_____ _____

Received by Date