

GREATER JOHNSTOWN SCHOOL DISTRICT

Administration Center

1 Sir Bills Circle, Suite 101, Johnstown, NY 12095

Phone: (518) 762-4611, Fax: (518) 762-6379

BUILDING LEVEL INCIDENT REPORT

Stage I

Check appropriate category:

- | | | | |
|--------------------------------|---|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender | <input type="checkbox"/> Political Affiliation | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation |
| | | | <input type="checkbox"/> Veteran Status |

Date of Incident: _____ Time of Incident: _____

Place of Incident: _____

Description of Incident:

Resolution by Principal/Director:

Complainant: _____ Date _____

Satisfied _____ Unsatisfied _____

Principal/Director: _____ Date _____

If not resolved, contact Superintendent for Title IX investigation – send completed Stage I form to Superintendent’s Office. Superintendent will assign Title IX officer(s) to embark on Stage II investigation.

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HARASSMENT/BULLYING INCIDENT REPORT

(Form I*)

Date of Incident: _____

Time of Incident: _____

Description of Incident:

Resolution:

Complainant: _____

Date _____

Satisfied _____ Unsatisfied _____

Supervisor: _____

Date _____

**Form I – Kept by investigator*

Form II – Copy for complainant when resolution is acceptable

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TITLE IX, HARASSMENT/BULLYING COMPLAINT INVESTIGATION CHECKLIST

(For use if at Stage I – building level - not resolved)

BEFORE BEGINNING THE INVESTIGATION, PRINCIPAL/SUPERINTENDENT DESIGNEE SHOULD:

- Inform Superintendent
- Review District Policy
- Contact parents, if student (if necessary)
- Informally gather information
 - The complainant
 - Those accused of harassment/bullying or Title IX violation; and
 - Others who may have knowledge of the possible incident, including staff and students.
- Arrange for increased supervision, if necessary
- Interview and complete Stage I form – resolve
 - If not resolved at building level, inform Superintendent who will assign Title IX officer

SUPERINTENDENT WILL SELECT PROPER INVESTIGATOR

- Title IX investigator will review Stage I information
- If student, contact parents, invite them to be present during interview of their child

DURING THE INVESTIGATION

- Interview those involved separately and privately, write accurate notes, have interviews read and signed if accurate
- Ask open-ended questions
- Ask each witness same questions separately
- Repeat interviews, if necessary
- Keep records
- Ask for written statement, if necessary, from other witnesses
- Insist on confidentiality
- Keep findings confidential
- Tell witnesses not to fear retaliation

AFTER THE INVESTIGATION

- Document findings
- Decide whether policy or state law have been violated
- Determine appropriate discipline/resolution
- Report to complaining party, notify of right to appeal
- Report to Superintendent, police, and others if required
- Follow up

SUPERINTENDENT WILL DECIDE IF FURTHER INVESTIGATION IS WARRANTED.

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TITLE IX FORMAL COMPLAINT FORM

(Form II*)

Name and Position of Complainant: _____

Date of Complaint: _____

Name of Alleged Offender: _____

Date and Place of Incident: _____

Description of Misconduct: _____

Name of Witnesses (if any): _____

Has the incident been reported before? _____

If yes, when _____ to whom? _____

What was the resolution? _____

Reasons for Dissatisfaction: _____

Note: Exhibit Added

**Form I – Kept by investigator*

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HARASSMENT/BULLYING FORMAL COMPLAINT FORM

(Form II*)

Name and Position of Complainant: _____

Date of Complaint: _____

Name of Alleged Harasser/Bully: _____

Date and Place of Incident: _____

Nature of Complaint: _____

Name of Witnesses (if any): _____

Has the incident been reported before? _____

If yes, when _____ to whom? _____

What was the resolution? _____

If dissatisfied with resolution, reasons for Dissatisfaction:

Note: Exhibit Added

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TITLE IX, HARASSMENT/BULLYING COMPLAINT
APPEAL FORM

Name and Position of Complainant: _____

Date of Appeal: _____

Date of Original Complaint: _____

Have there been any appeals? _____

If yes, when? to whom? _____

Description of Decision Being Appealed: _____

Why is the decision being appealed? _____

Note: Exhibit added

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APPEAL FORM

Name and Position of Complainant: _____

Date of Appeal: _____

Date of Original Complaint: _____

Have there been any appeals? _____

If yes, when? to whom? _____

Description of Decision Being Appealed: _____

Why is the decision being appealed? _____

Note: Exhibit added

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**HOSTILE WORK PLACE ENVIRONMENT
COMPLAINT FORM**

Name of Complainant: _____

Position of Complainant: _____

Name of Alleged Offender: _____

Position of Alleged Offender: _____

Date and Time of Incident: _____

1. Provide a detailed description of the incident, providing as much detail as possible, including supporting evidence and names of any witnesses (use additional sheets if needed):

2. Outline what you believe would be a suitable outcome:

SIGNATURE OF COMPLAINANT

DATE