

## **TITLE IX COMPLAINT FORM**

*What is the Purpose of this Form?* The Purpose of this form is to gather basic facts regarding an alleged complaint based upon sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 (“Title IX”). The Hackensack Public School District takes these complaints very seriously, and works to resolve them as expeditiously and appropriately as possible. This form ONLY applies to complaints alleging discrimination prohibited by Title IX, filing of this complaint may or may not result in a filing under the New Jersey Anti-Bullying Bill of Rights Act, N.J.S.A. 18A:37-13 *et seq.*, for Harassment, Intimidation and Bullying (“HIB”). If you believe the matter should also be investigated as a potential incident of HIB please contact the Anti-Bullying Specialist at your school immediately, as per the school assignments listed below:

Fairmount:  
Jennifer Zanca  
(201) 646-7890 x5046  
[jzanca@hackensackschools.org](mailto:jzanca@hackensackschools.org)

Hillers:  
Cecilia Ruiz  
(201) 646-7877  
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Jackson:  
Ozzy Sanchez  
(201) 646-7988  
[osanchez@hackensackschools.org](mailto:osanchez@hackensackschools.org)

Parker:  
Jackelin Alerte  
(201) 646-8029  
[jalerte@hackensackschools.org](mailto:jalerte@hackensackschools.org)

Middle School:  
Heather White Coleman  
(201) 498-1297  
[hcoleman@hackensackschools.org](mailto:hcoleman@hackensackschools.org)

High School:  
Dr. Simone Edwards  
201-646-1384  
[sedwards@hackensackschools.org](mailto:sedwards@hackensackschools.org)

ECDC:  
Donna Petrin-Wall  
201- 353-5782  
[dpetrin\\_wall@hackensackschools.org](mailto:dpetrin_wall@hackensackschools.org)

## **DEFINITIONS**

**What is Title IX?** It is the federal law that prohibits sex discrimination in educational institutions is codified as 20 U.S.C.A. §1681 *et seq.* Title IX states “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance[.]” Hackensack Public School District falls under this definition.

Title IX forbids sex and gender-based discrimination in all district services and academic programs. It also requires schools to take steps to prevent and remedy two forms of sex-based harassment: sexual harassment (including sexual violence) and gender-based harassment.

- **Sexual harassment** is unwelcome conduct of a sexual nature.
- **Sexual violence** is a form of sexual harassment and refers to physical sexual acts perpetrated against a person’s will or where a person is incapable of giving consent.
- **Gender-based harassment** is unwelcome conduct based on a student’s sex, and/or harassing conduct based on a student’s failure to conform to sex stereotypes.

**Who is the Complainant of a Title IX Complaint?** The **complainant** is defined as the individual who is alleged to be the victim of conduct that could constitute sexual harassment. The person filing the complaint may be, but is not required to be, the complainant.

**Who is the Respondent of a Title IX Complaint?** The respondent is the individual who is alleged to be the perpetrator of the conduct that could constitute sexual harassment.

**How Can I Submit this Form?** You may submit this form in-person, through the mail, via fax or via email to the District’s Title IX Coordinator as follows:

Rosemary M. Marks, Asst. Superintendent, Title IX Coordinator  
191 Second Street  
Hackensack, NJ 07601  
[rmarks@hackensackschools.org](mailto:rmarks@hackensackschools.org)

**Section I:** Information on the Person filing this Complaint.

\_\_\_\_\_ I wish to file this complaint anonymously (*Please Skip to the Next Section*)

1. Name: \_\_\_\_\_

2. Date of Filing: \_\_\_\_\_

3. Relationship to the Complainant (*Choose Most Relevant*):

_____ Self	_____ Friend	_____ Parent/Guardian
_____ School Employee	_____ Witness	_____ Choose Not to Say

Other (please explain)  
4. Relationship to the Respondent:

_____ None	_____ Friend	_____ Parent/Guardian
_____ School Employee	_____ Witness	_____ Choose Not to Say

\_\_\_\_\_ Other (*please explain*) \_\_\_\_\_

5. Contact Information:

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Section II:** Information on the Complainant:

1. Name: \_\_\_\_\_

2. Age: \_\_\_\_\_

3. Grade: \_\_\_\_\_

4. Gender (*Choose One*):

_____ Male	_____ Female
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Other (please explain)

5. Contact Information (*if known*):

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**(If more than one Complainant is alleged, please attach additional pages as needed.)**

**Section III:** Information on the Respondent:

1. Name: \_\_\_\_\_

2. Role in the District:

\_\_\_\_\_ Student                      \_\_\_\_\_ Visitor                      \_\_\_\_\_ Parent/Guardian

\_\_\_\_\_ School Employee                      \_\_\_\_\_ Volunteer                      \_\_\_\_\_ Do Not Know

\_\_\_\_\_ Other (please explain)

3. Gender (Choose One):

\_\_\_\_\_ Male                      \_\_\_\_\_ Female

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

4. (*If Respondent is a Student Please Provide*) Age: \_\_\_\_\_ and Grade: \_\_\_\_\_

5. Contact Information (*if known*):

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**(If more than one Respondent is alleged, please attach additional pages as needed.)**

**Section IV:** Description of Actions Constituting Sex or Gender Based Discrimination Under Title IX

1. Date(s) and time(s) (if known) of Occurrence.
2. Location(s) of Occurrence:
3. Are any of the alleged actions ongoing:                      Yes                      No
4. Description of Complaint: (Please describe in detail the action or actions you believe may qualify as sex or gender based discrimination, including but not limited to sexual harassment or sexual violence, in violation of Title IX.)

**(Please attach additional pages as needed)**

**Section V:** Known Witnesses

\_\_\_\_\_ I am not aware of any witnesses to the alleged discrimination.

1. Witness Name:

Role in the District:

_____ Student	_____ Visitor	_____ Parent/Guardian
_____ School Employee	_____ Volunteer	_____ Do Not Know

\_\_\_\_\_ Other (*please explain*) \_\_\_\_\_

- (If Witness is a Student Please Provide) Age: \_\_\_\_\_ and Grade: \_\_\_\_\_

- Contact Information (if known):

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

2. Witness Name: \_\_\_\_\_

- Role in the District:

\_\_\_\_\_ Student                      \_\_\_\_\_ Visitor                      \_\_\_\_\_ Parent/Guardian  
\_\_\_\_\_ School Employee              \_\_\_\_\_ Volunteer                      \_\_\_\_\_ Do Not Know

\_\_\_\_\_ Other (*please explain*) \_\_\_\_\_

- (*If Witness is a Student Please Provide*) Age: \_\_\_\_\_ and Grade: \_\_\_\_\_
- Contact Information (*if known*):

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

***(If there are more Known Witnesses, please attach additional pages as needed.)***

**Section VI:** Additional Information

1. Have you spoken to any school employees about this matter: \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please identify:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date of communication: \_\_\_\_\_

Method of Communication: \_\_\_\_\_

***(Please attach additional pages as needed.)***

2. Is there anything else you wish the Title IX Coordinator to know that wasn't covered in this form?

***(Please attach additional pages as needed.)***

3. Do you have any additional statements, reports, or other documents that you feel are relevant to this complaint?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

***(If yes please attach to this form)***

**Section VII:** Signatures

1. Person Filing the Form

- Certification

\_\_\_\_\_ I certify that the foregoing information is true and correct.

\_\_\_\_\_ I have chosen to submit this form anonymously.

\_\_\_\_\_ Signature

Print Name

Date: \_\_\_\_\_

2. Title IX Coordinator and/or Designee

\_\_\_\_\_ Signature

Print Name

Date: \_\_\_\_\_