



**NORTHERN YORK COUNTY
SCHOOL DISTRICT**

Title IX Grievance Form

Complainant's Name: _____
Last Name First Name Initial

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Circle One: Student Employee Parent Other – On behalf of Student/Employee

Specifics of Complaint (describe below, including any dates of alleged discrimination). Attach an extra page if necessary.

List any witnesses to the alleged Title IX violation (include names and contact information if known). Attach an extra page if necessary.

If you wish, please describe any corrective action you would like to see taken with regard to the possible Title IX violation. Attach an extra page if necessary.

Date Signature of Complainant

For more information, go to: www.northernpolarbears.com/ourdistrict.cfm (link on left)

*Please return completed form to:
Steve Kirkpatrick, Title IX Coordinator
District Administration Building, 650 S. Baltimore Street, Dillsburg, PA 17019*