

**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](mailto:conwayj@lkgeorge.org)) 518-668-5715, at 69 Sun Valley Dr., Lake George, NY 12845

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

