OLDFIELDS SCHOOL

TITLE IX COMPLAINT FORM

As outlined in the School’s Title IX Policy and Grievance Procedures, consistent with Title IX of the Education Amendments of 1972 (“Title IX”), Oldfields School (the “School”) does not discriminate on the basis of sex in its educational programs and activities or employment.

INSTRUCTIONS: Individuals alleging Title IX discrimination or harassment and requesting review under the School’s Title IX Policy and Grievance Procedures, are encouraged to complete this form and submit it to the School’s Compliance Coordinator as soon as possible after the occurrence of the alleged discrimination or harassment. This form should only be used for complaints alleging sex-based discrimination, harassment, and/or violence prohibited by Title IX and as outlined in the School’s Title IX Policy and Grievance Procedures. For all other complaints, please consult the relevant policies in the School’s Employee Handbook or Student Guidebook, as applicable. Of course, if you have any questions about any of the policies or procedures, please do not hesitate to ask for assistance from the Compliance Coordinator, listed below.

COMPLIANCE COORDINATOR INFORMATION:

Name: Claire Guidera
Title: Dean of Students
Office Address: 1500 Glencoe Rd. Sparks Glencoe, MD 21152
Telephone Number: 443-662-1005
Email Address: guiderac@oldfieldsschool.org

In the event that Ms. Guidera is, for any reasonable, unavailable you may also direct inquiries to our Associate Compliance Coordinator:

Name: Rachel Welch
Title: Network Manager
Office Address: 1500 Glencoe Rd. Sparks Glencoe, MD 21152
Telephone Number: 443-662-1042
Email Address: welchr@oldfieldsschool.org

COMPLAINANT INFORMATION:

Name: __________________________________________
Department/Title: __________________________________________
School/Grade: __________________________________________
Home Address: __________________________________________
Telephone Number: __________________________________________
Email Address: __________________________________________
Today’s Date: __________________________________________
PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE REGARDING YOUR COMPLAINT BELOW. (If more space is needed, please feel free to attach a continuation sheet).

1. Name of person(s) you believe committed the offense(s) against you and how you know the person(s).

______________________________________________________________________________
______________________________________________________________________________

2. Nature of Grievance: Please describe the action and/or conduct that you believe may be sex-based discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. When and where did the actions described above occur?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. Were there any witnesses to this action/conduct?

(Please Circle) Yes No

If yes, please identify the name and contact information for all witnesses:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
5. Did you discuss this matter with any of the witnesses identified in Item 5?

(Please Circle)  Yes  No

If yes, please identify the name of the person(s) who you communicated with, the date(s) on which the communication occurred, and the method(s) of communication:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

6. Have you spoken to any School Administrator(s) or other School employee(s) about this matter?

(Please circle)  Yes  No

If yes, please identify the name of the person(s) who you communicated with, the date(s) on which the communication occurred, and the method(s) of communication:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

PLEASE ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTATION WHICH YOU BELIEVE IS RELEVANT TO YOUR COMPLAINT.

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the School deems relevant and/or necessary to investigate this matter.

________________________________________________  ________________________
Signature of Complainant                        Date

________________________________________________  ________________________
Signature of Parent/Guardian                    Date

________________________________________________
Print Name of Parent/Guardian