Winslow Township Public Schools

Title IX Report Form

The Winslow Township School District prohibits discrimination on the basis of sex in any educational program or activity. If you believe you have been subjected to harassment or discrimination, please complete this form and submit it to the Title IX Coordinator.

Reported by: Email address: Phone number: Date of incident: Location of incident Primary Concern (Required)- please explain as clearly and neatly as possible, details regarding nappened, when it happened, where it happened, why you believe it happened, and who was involved. may use additional sheets, if necessary.	Date of report:	Report no
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Witnesses- please list below the name(s) of any person(s) or pupil(s) you believe either witnessed or have knowledge of the incident you are reporting:

Name	Grade

I certify the information contained in this	Report is accurate and true to the best of my knowle	dge.
Signature of Person Making Report	Position (staff member/parent/pupil/etc.)	Date
Name of Person Receiving Report	Title	 Date

Please submit all completed reports to:

Winslow Township School District
Attention Mr. Dion M. Davis, Title IX Coordinator
40 Cooper Folly Road
Atco, NJ 08004

Email: davisdi@winslow-schools.com