

# Title IX Complaint Form

Isabella Graham Hart School of Practical Nursing

Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination.

**Title IX Coordinator**

Tammy Labonte  
(585) 922-1423

**IGHSPN Main Office**

(585) 922-1400

**Office Location**

Wegman Center for Workforce Development  
Office 124

**Mailing Address**

1630 Portland Avenue  
Rochester, NY 14621

# Title IX Complaint Form

Isabella Graham Hart School of  
Practical Nursing

## File a Complaint

To file a complaint with Isabella Graham Hart School of Practical Nursing (IGHSN), please complete and bring this form in person to Office 124 or call (585) 922-1400 to make arrangements for a representative to meet with you at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call (585) 922-1423 or email [tammy.labonte@rochesterregional.org](mailto:tammy.labonte@rochesterregional.org) to leave a message.

## Confidentiality

Although IGHSPN cannot commit to keeping a Title IX discrimination complaint confidential because of the school's obligation to investigate the complaint, the school will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

## Questions

Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination.

## Title IX

*No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any educational program or activity receiving Federal financial assistance.*

# Title IX Discrimination Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance.

**PURPOSE:** The purpose of the Title IX grievance procedures is to secure prompt and equitable resolutions of complaints based on sexual harassment, sexual violence and sex discrimination, including discrimination based on gender identity or expression or failure to conform to stereotypical notions of masculinity or femininity in violation of Title IX of the Education Amendments of 1972 (“Title IX”) and violation of IGHSPN policies that prohibit these types of discrimination. These procedures apply **only** to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

**INSTRUCTIONS:** Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination. **When the form has been completed and signed by you, and then signed by the Title IX Coordinator or a Deputy, your complaint has been properly received and noted by IGHSPN.** We will provide you with a copy of this form as well as complete information about the Title IX complaint process.

The Title IX Coordinator or a Deputy will investigate complaints by faculty, staff, and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.





**Witnesses:**

Are there any witnesses to this matter? Circle one: **NO** **YES** If yes, please identify the witnesses below.

The relationship information requested means student, faculty, staff, environmental services, co-worker, supervisor, customer, etc.

1.	Name	Relationship	Telephone	<b>NO</b> <b>YES</b> I have spoken with this witness
2.	Name	Relationship	Telephone	<b>NO</b> <b>YES</b> I have spoken with this witness
3.	Name	Relationship	Telephone	<b>NO</b> <b>YES</b> I have spoken with this witness
4.	Name	Relationship	Telephone	<b>NO</b> <b>YES</b> I have spoken with this witness

Please describe the result of the discussion(s) with person(s) identified above:

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Describe the corrective action you are seeking.

Attach additional pages if necessary.

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## WHO ENFORCES TITLE IX?

The United States Department of Education's Office for Civil Rights (OCR) is in charge of enforcing Title IX. Information regarding OCR can be found at [www.ed.gov/about/offices/list/ocr/index.html](http://www.ed.gov/about/offices/list/ocr/index.html).

## COMPLAINTS UNDER TITLE IX at Isabella Graham Hart School of Practical Nursing

### Students:

If you are a student who believes you have been subjected to harassment or discrimination or retaliation you must report such misconduct or file a formal complaint with the Title IX Coordinator.

### Employees:

If you are an employee who believes you have been subjected to please reference the employee equal opportunity and anti-harassment policies found here:

<https://intranet.rochesterregional.org/Pages/RRHHome.aspx>

## CONTACT INFORMATION

Tammy Labonte  
Associate Director of IGHSPN  
&  
Title IX Coordinator

Phone: (585) 922-1423

Fax: (585) 922-1473

Email: [tammy.labonte@rochesterregional.org](mailto:tammy.labonte@rochesterregional.org)