



Carbon Lehigh Intermediate Unit #21

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Schnecksville, PA 18078-2580

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DISCRIMINATION/SEXUAL HARASSMENT/BULLYING/ HAZING/DATING VIOLENCE/RETALIATION REPORT FORM EMPLOYEES

It is the policy of this Intermediate Unit to provide a safe, positive learning and working environment that is free from bullying, hazing, dating violence, sexual harassment and other discrimination, and retaliation. If you have experienced, or if you have knowledge of, any such actions, we encourage you to complete this form. The Title IX Coordinator will be happy to support you by answering any questions about the report form, reviewing the report form for completion and assisting as necessary with completion of the report. The Title IX Coordinator's contact information is:

Position: Assistant Director of Human Resources

Address: 4210 Independence Drive, Schnecksville, PA 18078

Email: husackg@cliu.org

Phone Number: 610-769-4111, Extension 1653

Retaliation Prohibited

This Intermediate Unit, its employees and others are prohibited from intimidating, threatening, coercing, or discriminating against you for filing this report. Please contact the Title IX Coordinator immediately if you believe retaliation has occurred.

Confidentiality

Confidentiality of all parties, witnesses, the allegations and the filing of a report shall be handled in accordance with applicable law, regulations, policy, procedures, and the Intermediate Unit's legal and investigative obligations. The Intermediate Unit will take all reasonable steps to investigate and respond to the report, consistent with a request for confidentiality as long as doing so does not preclude the Intermediate Unit from responding effectively to the report. If you have any questions regarding how the information contained in this report may be used, please discuss them with the Title IX Coordinator prior to filing the report. Once this report is filed, the Intermediate Unit has an obligation to investigate the information provided.

Note: For purposes of Title IX sexual harassment, this Report Form serves initially as an informal report, not a formal complaint of Sexual Harassment under Title IX.

Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."

I. Information About the Person Making This Report:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

School Building (if employed at CLIU): _____

I am a:

Student Parent/Guardian Employee Volunteer Visitor

Other _____ (please explain relationship to the Intermediate Unit)

If you are not the victim of the reported conduct, please identify the alleged victim:

Name: _____

The alleged victim is: Your Child Another Student Employee

Other: _____ (please explain relationship to the alleged victim)

II. Information About the Person(s) You Believe is/are Responsible for the Bullying, Hazing, Harassing or Other Discrimination You are Reporting

What is/are the name(s) of the individual(s) you believe is/are responsible for the conduct you are reporting?

Name(s):

The reported individual(s) is/are:

Student(s) Employee(s)

Other _____ (please explain relationship to the Intermediate Unit)

III. Description of the Conduct You are Reporting

In your own words, please do your best to describe the conduct you are reporting as clearly as possible. Please attach additional pages if necessary:

When did the reported conduct occur? (Please provide the specific date(s) and time(s) if possible):

Where did the reported conduct take place?

Please provide the name(s) of any person(s) who was/were present, even if for only part of the time.

Please provide the name(s) of any other person(s) that may have knowledge or related information surrounding the reported conduct.

Have you reported this conduct to any other individual prior to giving this report?

Yes No

If yes, who did you tell about it?

If you are the victim of the reported conduct, how has this affected you?

I affirm that the information reported above is true to the best of my knowledge, information and belief.

Signature of Person Making the Report

Date

Received By

Date