

Students

Student Grievance Procedures (Title IX)

Complaint Form

The Bristol Board of Education and its designees shall respect the right to confidentiality, witnesses (if any) and the accused consistent with the school district's legal obligations.

NAME OF COMPLAINANT:

ROLE OF COMPLAINANT: i.e. student

DATE OF COMPLAINT:

NAME OF ALLEGED TITLE IX VIOLATOR:

DATES AND PLACE OF INCIDENT(S):

DESCRIPTION OF VIOLATION:

NAME OF WITNESSES:

EVIDENCE OF VIOLATION i.e., letters, photos:

ANY OTHER INFORMATION:

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____