Title IX Sexual Harassment, Discrimination and/or Retaliation Formal Complaint Form

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. These procedures apply <u>ONLY</u> to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requestions review are required to complete this form and submit it to the School Leader or ==applicable== Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination:

1. Name of Complainant:_____

_____
Home Address   City/State/Zip   Home Phone

School:_____ Grade:_____
(Anonymous: If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.)

2. Nature of Grievance: Please describe the action you believe may be sex 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 attached additional sheets, if necessary:_____
_____
_____
_____
_____
_____
_____

3. When did the actions described above occur? _____
_____

4. Are there any witnesses to this matter? (Please circle)   Yes   No

5. Did you discuss this matter with any of the witnesses identified in Item 4? (Please circle)   Yes   No

If yes, please identify:
Person to whom you have spoken: _____ Date: _____
Method of communication: _____

6. Have you spoken to any administrator(s) or staff member(s) about this matter? (Please circle) Yes No

If yes, please identify:
Person to whom you have spoken: _____ Date: _____
Method of communication: _____

7. Please describe the result of the discussion(s) identified in Item 6: _____
_____
_____
_____
_____

Please attach any statements, names of witnesses, reports, or other documents which you feel are relevant to your complaint.

I certify that the foregoing information is true and correct.

_____   _____   _____
Print Name   Signature   Date