Series 3000: Operation, Finance, and Property

3100 General Operations

3118-F-1 Title IX Sexual Harassment Formal Complaint Form

	District Letterhead	
This form is being submitted by:	Complainant	Title IX Coordinator
Complainant Name:		
Contact Information:		
lf th	e Complainant is a studer	ıt:
Date of Birth:	Grade	
School Building Attending:		
	Complainant is an employ	
Job Title:		_Building:
	Complaint Details	
Reporter's Name (if different than	Complainant):	
Reporter's Relationship to Compla	ainant:	
Reporter's Contact Information:		
Respondent's Name (if known):		
1. Describe the alleged sexua investigate. Please be specific	I harassment that yo c. Describe the incider ved. Describe or attac	



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2. Describe the date/time/location(s) of the alleged incident(s).

3. What would you like the District to do to remedy the situation?

Complainant's/Coordinator's Signature

Date

Please submit this form to:

Erin Bybee-Wilcox Middle School Assistant Principal Boyne City Public Schools 1025 Boyne Ave Boyne City, MI 49712 ebybee-wilcox@boyneschools.org 231-439-8231

John Hertel High School Assistant Principal Boyne City Public Schools 1035 Boyne Ave Boyne City, MI 49712 <u>jhertel@boyneschools.org</u> 231-439-8132



A person alleging discrimination by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed at any time with the Office for Civil Rights (OCR), U.S. Department of Education, <u>1350 Euclid Ave</u>, <u>Suite 325</u>, <u>Cleveland</u>, <u>OH 44115.1244</u> Speer Boulevard, <u>Suite 310</u>, <u>Denver</u>, <u>Colorado</u>, <u>80204-3582</u>. Filing a complaint with the District is not a prerequisite to filing with OCR. For additional information about the District's grievance procedure, please contact the Title IX Coordinator identified above.

