

Title IX Formal Complaint Form

PURPOSE: The purpose of the Title IX formal complaint process is to inform the District of allegations of sexual harassment, sexual violence and sex discrimination in violation of Title IX of the Education Amendments of 1972 ("Title IX") so that the District may take appropriate action.

INSTRUCTIONS: Individuals alleging Title IX sexual harassment and requesting a 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 harassment.

Name of Complainant (person making report): _____

Home address _____ City _____ State/Zip _____

Home phone _____ Cell phone _____

Name of Respondent (person alleged of the harassment): _____

Nature of Complaint: Please describe the action(s) you believe may be sexual harassment, including complaints of sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

When and where did the actions described above occur? _____

Are there any witnesses to this matter? _____ Yes _____ No

If yes, please identify the witness(es):

Did you discuss this matter with any of the witnesses identified in Item 5? ____ Yes ____ No

If yes, please identify:

Person(s) to whom you have spoken: _____

Date: _____ Method of communication: _____

Have you spoken to any administrator(s) or other District staff member(s) about this matter?

If yes, please identify:

Person to whom you have spoken: _____

Date: _____ Method of communication: _____

Please attach or describe any pieces of information that are relevant to your complaint:

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I certify that the foregoing information is true and correct.

Name (Print)

Signature

Date