



SEX DISCRIMINATION COMPLAINT FORM
(To be used in conjunction with Sex Discrimination Policy 225)

PURPOSE: This form should be completed and submitted to provide a documented basis for filing a formal complaint of sex discrimination under the School’s Sex Discrimination Policy 225

INSTRUCTIONS: A person (“Complainant”) who believes he or she has been subject to improper sex discrimination should complete this form. The person and/or any person assisting the grievant should first (1) review the School’s Sex Discrimination Policy 225, a copy of which is available on the school website at:

<http://ncva.k12.com/title-ix-non-discrimination.html>

from the Title IX Coordinator (contact information below) or, alternatively, from a School Counselor, Supervisor, or the Head of School; (2) complete the form as fully and specifically as feasible and according to procedures and timeline of the Sex Discrimination Policy 225; and (3) submit the completed form, marked “CONFIDENTIAL,” and submitted in a confidential manner, directly to the School’s Title IX Coordinator, or to a necessary alternative supervisor or designee. The Title IX Coordinator contact information is as follows:

Name: Chris Withrow, Title IX Coordinator

Email / Phone: cwithrow@ncvacademy.org / (919) 346-0121)

Office Address: 4220 NC Highway 55, Suite 130 Durham, NC 27713

1. Complainant name:

Contact information:

2. Nature of Complaint: Please describe the specific action(s) you believe may be sex discrimination as defined in School Sex Discrimination Policy 225. Please try to identify with reasonable particularity any person(s) you believe may be responsible, specific acts (verbal, physical, and dates. Please attach additional sheets, if necessary.

3. When did the actions described above occur?

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

If yes, please identify all witnesses:

5. Did you communicate about this matter with any of the witnesses identified in Item 4 in any manner including but not limited to discussion, email, and other means?

(Please circle) Yes No

If yes, please identify person(s) to whom you have communicated, including dates:

Describe the communications (s) identified herein:

6. Have you communicated with any School employee or official about this matter? (Please circle) Yes No

If yes, please identify persons to whom you have communicated, including dates:

Describe the communication(s) identified herein:

7. Provide any other relevant information (dates, actions, consequences, etc.)

8. Attach any statements, names of witnesses, reports, or other related documents.

I certify that the foregoing information is true and correct.

Complainant

Person Assisting Complainant (if applicable)

<hr/> Print Name	<hr/> Print Name
<hr/> Signature	<hr/> Signature
<hr/> Date	<hr/> Date

School Official Receiving Complaint

Print Name

Position

Signature

Date