

TITLE IX COMPLAINT FORM

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination:

1. **Name of Complainant:** _____

Contact information: _____

Home Address City/State/Zip Home Phone

Student Grade: _____

Employee School Office Location: _____

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 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 the witnesses:

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:

1. Have you spoken to any administrator(s) or other School employee(s) about this matter? (Please circle) Yes

No If yes, please identify: Person to whom you have

Spoken: _____ Date: _____

Method of communication:

2. 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 correct.

Print Name

Signature

Date

