

**INDEPENDENT SCHOOL DISTRICT NO. 709
FORMAL TITLE IX COORDINATOR COMPLAINT FORM**

I, _____, Title IX Coordinator for the District became aware of this Complaint on _____.

The facts of the Complaint known to me are as follows: Describe the incident(s) as clearly as possible, including names(s), date(s), time, location of incident(s), any verbal statements (i.e., threats, requests, demands, etc.), and other relevant facts about what, if any, physical contact was involved, etc. (Attach additional pages if necessary.)

List any witnesses that were present

I have met with the complainant, _____, regarding the above. The complainant has indicated that [he/she/they] [is/are] not interested in filing a formal complaint.

Based on my training and expertise, I believe that the conduct described above, if proven, would be sufficiently severe and damaging enough that an investigation and formal resolution is warranted.

I am therefore hereby asking the District to investigate the above allegations of sexual harassment

Signature _____ Date _____

Print Name _____

