



## TITLE IX COMPLAINT FORM

As outlined in the School’s Title IX Policy and Grievance Procedures, consistent with Title IX of the Education Amendments of 1972 (“Title IX”), Sidwell Friends School (the “School”) does not discriminate on the basis of sex in its educational programs and activities, recruitment, admissions, course offerings, financial aid, athletics, or employment.

**INSTRUCTIONS:** Individuals alleging Title IX discrimination or harassment and requesting review under the School’s Title IX Policy and Grievance Procedures, are encouraged to complete this form and submit it to the School’s Title IX Compliance Coordinator as soon as possible after the occurrence of the alleged discrimination or harassment. This form should only be used for complaints alleging sex-based discrimination, harassment, and/or violence prohibited by Title IX and as outlined in the School’s Title IX Policy and Grievance Procedures. For all other complaints, please consult the relevant policies in the School’s Community Handbook and Employee Handbook, as applicable.

### TITLE IX COMPLIANCE COORDINATOR INFORMATION:

Natalie M. Randolph  
Director of Equity, Justice, & Community  
3825 Wisconsin Ave. NW,  
Washington, DC 20016  
Phone: 202-537-8182  
Randolphn@sidwell.edu

### COMPLAINANT INFORMATION:

Name: \_\_\_\_\_

Department/Title: \_\_\_\_\_  
Division/Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

**PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE REGARDING YOUR COMPLAINT BELOW.**

**1. Name of person(s) you believe committed the offense(s) against you and how you know the person(s).**

\_\_\_\_\_  
\_\_\_\_\_

**2. Nature of Grievance:** Please describe the action and/or conduct that you believe may be sex-based 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 and where did the actions described above occur?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Were there any witnesses to this action/conduct?**

(Please Circle)      **Yes**                  **No**

If yes, please identify the name and contact information for all witnesses:

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**5. Did you discuss this matter with any of the witnesses identified in Item 5?**

(Please Circle)      **Yes**                  **No**

If yes, please identify the name of the person(s) who you communicated with, the date(s) on which the communication occurred, and the method(s) of communication:

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**6. Have you spoken to any School Administrator(s) or other School employee(s) about this matter?**

(Please circle) **Yes**                  **No**

If yes, please identify the name of the person(s) who you communicated with, the date(s) on which the communication occurred, and the method(s) of communication:

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**PLEASE ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTATION WHICH YOU BELIEVE IS RELEVANT TO YOUR COMPLAINT.**

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the School deems relevant and/or necessary to investigate this matter.

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Signature of Complainant

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Date

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Signature of Parent/Guardian  
(if submitted on behalf of student under the age of 18)

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Date

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Print Name of Parent/Guardian