

## FORMAL COMPLAINT OF TITLE IX SEXUAL HARASSMENT

### **Instructions:**

Any individual who is participating or attempting to participate in the education program or activities of the school system who believes that they have experienced Title IX sexual harassment may initiate the grievance process by filing a formal written complaint on this form. This form should be completed by the Complainant. If the Complainant is a student, the form may also be completed by a parent or guardian of a Complainant or the Title IX Coordinator. This form should be submitted to the Title IX Coordinator by hand delivery, mail, fax, or e-mail at the following address:

Candace Lindstrom  
220 Martin Luther King Drive  
Mocksville, NC 27028  
Phone 336.751.2491 ext 1068  
Fax: 336.751.3147  
E-mail: [lindstromc@davie.k12.nc.us](mailto:lindstromc@davie.k12.nc.us)

### **Formal Complaint:**

Individual Completing Form:

Status: Complainant \_\_\_\_\_ Parent/Guardian of Complainant \_\_\_\_\_ Title IX Coordinator  
\_\_\_\_\_

Name of Complainant : \_\_\_\_\_  
Status: \_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Other (Please specify): \_\_\_\_\_

School of Complainant (if applicable): \_\_\_\_\_

Position Title of Complainant (if applicable): \_\_\_\_\_

Grade Level of Complainant (if applicable): \_\_\_\_\_

Parent/Guardian of Complainant (if applicable)(s) (if student-complainant) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Respondent(s): \_\_\_\_\_  
Status: \_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Other: \_\_\_\_\_

Did any of the incidents of sexual harassment occur on school property?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Did any of the incidents of sexual harassment occur at a school-sponsored event?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe the sexual harassment you experienced (attach additional sheets if needed):

Date(s) of incident(s) of sexual harassment: \_\_\_\_\_

Location(s) of incident(s) of sexual harassment: \_\_\_\_\_

Please list all known witnesses to the sexual harassment, and indicate whether the witness is a DCS student or employee:

Please provide any additional information you wish to convey as part of this Title IX Formal Complaint (attach additional sheets if needed):

**Signature**

By signing below, the Complainant formally requests that school officials investigate the allegation(s) described on this form. The Complainant has received a copy of the Title IX Sexual Harassment Grievance Process and understands that submission of this form initiates that grievance process. The Complainant represents that the information in this formal complaint is true and accurate to the best of their knowledge and belief.

\_\_\_\_\_  
Signature of Complainant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian of  
Complainant (if applicable)

Date: \_\_\_\_\_

**Alternative to Complainant Signature**

By signing below, the Title IX Coordinator acknowledges that it would be deliberately indifferent to ignore the allegation(s) described above and that the Complainant has not chosen to file a formal complaint.

\_\_\_\_\_  
Signature of Title IX Coordinator

Date: \_\_\_\_\_