

## TITLE IX COMPLAINT FORM

**PURPOSE:** The purpose of this Title IX complaint form is to gather the essential facts and information relating to a report of sexual harassment or discrimination under Title IX and for prompt and equitable resolutions of complaints alleging sex discrimination, sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 (“Title IX”). Once a complaint is received, it is the Academy’s goal to resolve the complaint as expediently and appropriately as possible.

This form **only applies** to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

**INSTRUCTIONS:** Individuals alleging a Title IX Complaint are encouraged to complete this form and submit it to the appropriate Administrator as soon as possible after the occurrence of the alleged sexual discrimination, harassment or assault:

### Contact our Title IX Coordinators (students):

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Office Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_ **Zip Code:** \_\_\_\_\_  
**Work Telephone:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

### Title IX Coordinator (employees):

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Office Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_ **Zip Code:** \_\_\_\_\_  
**Work Telephone:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_

*Please complete one Title IX Complaint Form for each alleged complainant*

**Complaint Identification #:** \_\_\_\_\_

**Academy Personnel Completing Form:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Today’s Date:** \_\_\_\_\_ **Academy Name:** \_\_\_\_\_

**1. Contact Information of Complainant:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**ID#:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Place an X in the appropriate box:

- Student
- Parent/Guardian
- Close Adult Relative
- Academy Staff Member

**Date and Time Reported:** \_\_\_\_\_

**Date(s) and Location of Incident:**

- On Academy property
- At Academy sponsored event or activity
- On a Academy bus or other Academy-related vehicle
- En route to or from Academy
- Off campus

DATE	LOCATION OF INCIDENT

Name(s) of Alleged Witness(s) (Please Print)	Age	Grade	Academy (if known)

Name(s) of Alleged Respondent(s). (Please Print)	Age	Grade	Academy (if known)	Is he/she a student?
				Yes No
				Yes No
				Yes No
				Yes No

2. Name of the person discriminated against or harassed based on sex (if **other** than person filing).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

ID#: \_\_\_\_\_ Grade: \_\_\_\_\_

Place an X in the appropriate box:

Student

Parent/Guardian

Close Adult Relative

Academy Staff Member

3. **Nature of Complaint :** Please describe each alleged occurrence of sexual assault, discrimination or harassment. Please include the date(s) the incident(s) occurred, the name(s) of each person(s) involved and, why you believe the assault, discrimination or harassment was because of sex. Please attach additional sheets, if necessary, or attach any documents you may have that support your Complaint (i.e. text messages, photos, emails, etc.):

Date of alleged incident(s) referenced above in Nature of Complaint: \_\_\_\_\_

Name(s) of person(s) involved: \_\_\_\_\_

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4. **Did you discuss this matter with any of the witnesses identified in Item 1?**

Yes No

**If yes, please identify the below. Please attach additional sheets if necessary, or attach any documentation of your discussion with witnesses or Administrators (i.e. text messages, emails, etc.): Person to whom you have spoken:** \_\_\_\_\_

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

**Method of communication:**

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5. **Have you spoken to any Administrator(s) or other Academy employee(s) about this matter?** Yes No

**If yes, please identify the information below. Please attach additional sheets if necessary, or attach any documentation of your discussion with witnesses or Administrators (i.e. text messages, emails, etc.): Person to whom you have spoken:** \_\_\_\_\_

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

**Method of communication:**

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6. **Please describe the result of the discussion(s) identified in Item 5:**

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7. What would you like the Academy to do as a result of your complaint? What remedy(ies) are you seeking?

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**PLEASE ATTACH ANY STATEMENTS REPORTS, OR OTHER DOCUMENTATION WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT AND/OR WILL ASSIST THE ACADEMY IN ITS INVESTIGATION.**

*The foregoing information is true and correct, to the best of my knowledge.*

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Print Name

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Signature

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Date