

## TITLE IX FORMAL SEXUAL HARASSMENT COMPLAINT FORM

If you believe that you have been the victim of sexual harassment by a staff member, a student, or another person, in the District’s education program or activities, please fill out this form, sign where indicated below, and submit it by email or mail to the Title IX Coordinator identified in Board Policy [2:265](#). Criminal conduct must be reported to local law enforcement, and suspected abuse or neglect of a child must be reported to the Illinois Department of Children and Family Services at 1-800-25-ABUSE.

This Formal Complaint form is intended for use by the alleged victim of Title IX sexual harassment (the “Complainant”). Under Title IX, a parent or legal guardian may sign a complaint form and otherwise act on behalf of a minor in the Formal Complaint process. The District will process all Formal Complaints in accordance with Board Policy 2:265 and applicable Title IX rules and regulations.

If you are NOT filling this form out as an alleged victim, or a parent or guardian of a minor, and you intend to report sexual harassment against another person in the District’s education program or activities, please report your concerns to the District’s Title IX Coordinator so that the District can review your concerns and determine an appropriate course of action.

Please print or type when completing this form:

Name of Complainant: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Check one:  Student     Employee     Other: \_\_\_\_\_

If you are a parent or guardian filling this form out on behalf of a minor Complainant, please provide your contact information below.

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

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

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Complainant: \_\_\_\_\_

Please provide the name(s) of the person(s) you believe are responsible for the alleged sexual harassment, including what affiliation they have with the School District (e.g. employee, student, volunteer, contractor, etc.) If the person is an employee, please include the person's title or position:

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Please describe the facts and circumstances of the alleged sexual harassment causing this complaint. *(Give specific details such as time, place, who was present, what specifically was said or done and by whom. Attach additional sheets if necessary.)*

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If the incident described above is part of a pattern of conduct, identify when the sexual harassment first occurred. Please provide specific dates, times, and locations, if possible.

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Please provide the names and contact information of anyone who may have witnessed the alleged conduct.

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If you have reported these allegations to another person, please state to whom and when you reported the alleged sexual harassment and provide their contact information (if known).

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If you previously reported these allegations to a School District employee, please identify the employee, when you reported the allegations to the employee, and what response you received.

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Please identify any evidence relating to your allegations. This could include pictures, video records, objects, text messages, voicemail messages, screen captures, emails, written communications, or any other item you have available for review. If you do not possess some form of evidence you believe exists, please describe it and who you believe to be in possession of the evidence (including any contact information).

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Please identify any supportive measures you are requesting, such as, but not limited to, counseling, modifications of work or class schedules, mutual restrictions on contact between the parties, changes in work locations, leaves of absence, or increased security or monitoring.

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Please provide any other information you believe would be helpful, including any outcome you are seeking through this process.

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You will be contacted in the near future by a District employee who is trained to receive and process Title IX sexual harassment complaints. Please know that while the District will process your complaint with discretion, the District cannot guarantee confidentiality in this process as Title IX regulations require that certain information be disclosed to the subject of the complaint. Any questions or concerns that you may have during this process may be directed to the District's Title IX Coordinator. Further, please be aware that neither the District or any person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX or because an individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in the Grievance Process.

**SIGNATURE PAGE**

Complainant name: \_\_\_\_\_

Signature of complainant: \_\_\_\_\_

If complainant is under 18,  
parent's name: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date of filing: \_\_\_\_\_

If this Formal Complaint is being completed by the District's Title IX Coordinator instead of a  
Complainant:

Title IX Coordinator Name: \_\_\_\_\_

Title IX Coordinator Signature: \_\_\_\_\_

Date of filing: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**DATE COMPLAINT RECEIVED:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

**Name**

**Title**