TITLE IX COMPLAINT FORM

Title IX Coordinator

Dr. Terry Lamar 2810 Metropolitan Way Hoover, AL 35243 TITLEIX@hoover.k12.al.us

Title IX of the Education Amendments Act of 1972 ("Title IX") provides that "[n]o person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

This means that our students and employees are entitled to be free from sex-based harassment as defined by Title IX in our educational programs or activities. This includes harassment based on gender, gender identity, pregnancy status, parental status, and sexual harassment. For more information, please see the District's Title IX Policy located at www.hoovercityschools.net. If you believe that you have been subjected to sexual harassment in violation of Title IX, you may complete this complaint form or write a formal complaint and submit it to the Title IX Coordinator at TITLEIX@hoover.k12.al.us

Please note that the District cannot guarantee that your complaint will be kept confidential, because District personnel are required to share certain information with all parties involved. Nonetheless, the District will make reasonable efforts to avoid sharing information regarding your complaint beyond those required to receive such information. If you have any questions, please contact the Title IX Coordinator.

TITLE IX COMPLAINT FORM

Once you complete and submit this form, the Title IX Coordinator will promptly and confidentially contact you with information about the next steps.

| Name of Complainant: | | |
|---|-----------------------------|--|
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| Name of person submitting this Complaint (if other than the Complainant): | | |
| | | |
| Relationship to the Complainant (if other than the Complainant): | | |
| | | |
| | | |
| Department (if applicable): | | |
| | | |
| School (if applicable): | | |
| | | |
| Home/Cell Phone: | Work Phone: | |
| | | |
| Address: | | |
| | | |
| Employee ID (if applicable): | Student ID (if applicable): | |
| | | |
| Have you notified any other personnel about this incident? If yes, state who and when. | | |
| | | |
| Has this matter been reported to law enforcement or child protective services? If so, please | | |
| state the date of the report: | | |
| By checking this box, I am indicating that I wish for this matter to be investigated. As part | | |
| of an investigation, I understand that the identity of the Complainant, and the details of this | | |
| Complaint, will be shared with the person accused. | | |
| If you have any questions or concerns, please contact the Title IX Coordinator. The Title IX | | |
| Coordinator will contact you to discuss your options. | | |
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| Name of person or persons you believe engaged in prohibited conduct against you: | | |
|---|--------------------------|--|
| Describe in as much detail as possible what happened. To the extent possible, please include who was involved, when the incident(s) occurred, where the incident(s) occurred, and what took place. Attach additional pages if needed. | | |
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| Identify any persons you believe have useful information related to your complaint, as well as your relationship to them (i.e., co-worker, classmate, teacher, etc.): | | |
| | | |
| | | |
| C! | Data | |
| Signature: | Date: | |
| Printed Name: | | |
| FOR THE TITLE IX COORDINATOR | | |
| Date Rec'd: | Initial Report Rec'd By: | |
| | | |