



# MT. DIABLO UNIFIED SCHOOL DISTRICT

## Title IX Sexual Harassment FORMAL COMPLAINT FORM

*This complaint form can be submitted by students, guardian, and/or employee for on-campus sexual harassment that may have occurred. If you need support completing this form, please see your School Site or Department Administrator.*

### I. Your Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

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

### II. Complainant (Victim) Information

Name of Complainant (if different from above): \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Principal: \_\_\_\_\_

### III. Respondent (Accused) Information

Name of Respondent: \_\_\_\_\_

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

Is the accused a student? Yes:  NO:  If yes, please indicate the accused student's grade: \_\_\_\_\_

Is the accused a MDUSD Staff Member? Yes:  NO:  Other:  If other, identify the MDUSD

Affiliation or organization: \_\_\_\_\_

### **Title IX Rights, Policies + Procedures**

Title IX is a federal law that provides that students shall not be discriminated against on the basis of sex in educational programs. ***By submitting this form, you are alleging one or more of the following occurred while on campus or at a school sponsored event:***

- A MDUSD student (the Complainant) has been a victim of sexual harassment that is so severe, pervasive, ***and*** objective offensive that it has denied them equal access to their education.
- A MDUSD student (the Complainant) has been a victim of sexual assault, including rape, fondling, incest, and/or statutory rape; dating violence, domestic violence, or stalking.
- An employee of the District has requested a student's (the Complainant's) participation in conduct of a sexual nature.

Upon submission of this form to the Title IX Coordinator, your complaint will be reviewed and if your complaint meets the legal criteria for the conduct described above, it will be formally investigated by the District's Title IX Coordinator. If your complaint does not meet the legal criteria, it will be referred to the school site for follow-up under the District's Bullying & Harassment Policies. *No disciplinary action will be taken until the investigation has concluded and a formal outcome has been decided based on the evidence collected.*

Throughout this process, students are entitled to supportive measures, such as Wellness Center Services, restorative meetings, "Do Not Contact" agreement, and/or class schedule changes. Please speak to your School Site Administrator about the supports that are available to preserve all students' safety and participation in their education.

**IV. Basis of Complaint.** Please *check the box(es)* that most appropriately describes the incident. For more information about the basis of the complaint see Board Policy and Administrative Regulation 5145.7.

- You were exposed to unwelcome conduct of a sexual nature by a student or staff member that denied you access to the District's education program or activity.
- You feel the alleged behavior is/was **severe, pervasive, and objectively offensive**
- You were a victim of any of the following:
  - Sexual Assault, including rape, fondling, incest, or statutory rape
  - Dating Violence
  - Domestic violence
  - Stalking
- An employee of the District (or person affiliated with MDUSD) requested your participation in unwelcome sexual conduct or activity in exchange for District aid, benefits, or services.

If none of the above describe the incident you wish to report, please refer to the District's Bullying & Harassment Policies and/or seek support from your School Site Administrator.

**V. Details of Complaint.** Please complete the chart below to the best of your ability. Attach additional sheets of paper if you need more space.

<b>Date &amp; Time of Incident</b>	<b>Location of Incident</b>	<b>Incident Description</b> Describe what happened in as much detail as possible	<b>Individuals Involved</b> Include any witnesses or bystanders	<b>Impact on Complainant</b> How has the incident impacted the victim? Has it interfered with school in any way?

By submitting this form to the Title IX Coordinator, the Complainant wishes to initiate MDUSD’s Formal Title IX Complaint Procedure as described in Administrative Regulation 5145.7. The Complainant understands that the Title IX Coordinator will review the Complaint and make a determination about the jurisdiction to investigate the complaint and will provide prompt written notice to the Complainant.

\_\_\_\_\_  
**Signature of Person Filing Complaint**

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

Please submit this complaint to:  
 Jennifer Sachs, Title IX Coordinator  
 Chief of Educational Services  
 1936 Carlotta Drive  
 Concord, CA 94519  
 Email: [sachs@mdusd.org](mailto:sachs@mdusd.org)  
 Phone: (925) 682-8000 Ext. 4016