ALLEN PARK PUBLIC SCHOOLS

Title IX Sexual Harassment Formal Complaint Form

This form is being submitte	ed by: Complainant	□ Title IX Coordinator
Complainant Name:		
Address:		
	If the Complainan	t is a student:
Date of Birth:	Grade	e:
School Building Attending:		
	If the Complainant i	s an employee:
Job Title:		Building:
	Complaint	Details
Reporter's Name (if differe	nt than Complainant):	
specific. Describe the	exual harassment that you incident(s) and identify th	mail: are requesting the District investigate. Please be ne individuals and potential witnesses involved. levant. Attach additional pages if needed.
2. Describe the date/time/	/location(s) of the alleged in	ncident(s).

Dr. Matthew Sokol	Giovanni Foster	
Please submit this form to:		
Complainant's/Coordinator's Signature	Date	
What would you like the District to do to r	emedy the situation?	

Director of Special Education **Riley Education Center** 9601 Vine Ave. Allen Park, MI 48101

Email: sokol@appublicschools.com

Phone: (313) 827-2124

Assistant Principal Allen Park High School 18401 Champaign Allen Park, MI 48101

Email: foster@appublicschools.com

Phone: (313) 827-1232

A person alleging discrimination by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed at any time with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. Filing a complaint with the District is not a prerequisite to filing with OCR. For additional information about the District's grievance procedure, please contact the Title IX Coordinator identified above.