



**Bibb County School District
Title IX Formal Complaint Form**

This form serves as the Formal Complaint form to initiate a Title IX investigation and response under Bibb County School District's Title IX Grievance Procedures. When the form has been completed and signed by the Complainant, and the Title IX Coordinator has also signed the complaint, your complaint has been received and noted by the Bibb County School District. Reports may be filed anonymously but may impact the Bibb County School District's ability to investigate and respond to the complaint.

<p>Please indicate your status with the Bibb County School District:</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Employment Applicant</p> <p><input type="checkbox"/> Student Applicant</p> <p><input type="checkbox"/> Other, Explain: _____</p> <p>—</p>	<p>Name: _____</p> <p>Cell phone: _____ Home phone: _____</p> <p>Address: _____</p> <p>_____</p> <p>—</p> <p>Email _____</p> <p>Address: _____</p> <p>_____</p> <p>—</p> <p>School: _____</p>
<p>Complaint relates to:</p> <p><input type="checkbox"/> Dating Violence</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Gender Identity or Expression</p> <p><input type="checkbox"/> Gender/Sex</p> <p><input type="checkbox"/> Retaliation under Title IX</p> <p><input type="checkbox"/> Sexual Assault/Battery/Rape</p> <p><input type="checkbox"/> Sexual Harassment</p> <p><input type="checkbox"/> Sexual Orientation or Expression</p> <p><input type="checkbox"/> Stalking</p> <p><input type="checkbox"/> Other, Explain: _____</p> <p>—</p>	<p>Complaint: Describe your complaint as clearly and concisely as possible. Please provide any relevant dates and a description of where the incident occurred. Important facts include who, what, when and where. Please attach additional pages describing your complaint if necessary.</p> <p>Date of incident: _____</p> <p>Where did the incident occur: _____</p> <p>Other Information on Incident: _____</p> <p>—</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p> <p>_____</p> <p>—</p>

Witnesses (name, relationship to you and phone number):

1. _____
2. _____
3. _____

(Attach additional pages if necessary)

Have you brought this matter to the attention of any employee of the Bibb County School District? If so, please list the name(s) and school(s)/department(s) of all other employees with whom you have discussed this matter and when this discussion occurred:

I certify the information contained in this Formal Complaint is true and correct to the best of my knowledge.

X _____ Date: _____

For Administration to complete

Complaint received by: _____

Signature: _____ Date: _____

Other notes: