

CLAIBORNE PARISH SCHOOL BOARD

COMPLAINT OF TITLE IX VIOLATION

Complaint No. _____

Name of Alleged Victim _____

Complaint Filed By (check one) _____
_____ Alleged Victim
_____ Parent/Guardian/name: _____
_____ Title IX Coordinator/name _____

Name(s) of Other Alleged Victim(s) if any _____

Name(s) of Alleged Harasser(s) _____

Name(s) of Alleged Witness(es) _____

Date of Alleged Title IX Sexual Harassment/Retaliation: _____

(If complaint not filed by alleged victim, state date of discovery of alleged conduct by filing party)

Description of alleged Title IX Sexual Harassment/Retaliation (Must include specific act(s), circumstances, date/time, other details supporting complaint. Separate statement may be attached.)

Additional Information (Should include all other information known which may assist in investigation, such as how and when complainant learned of reported facts, names of other persons who may have related information, etc. Separate statement may be attached.)

By signing below this Complaint, I acknowledge receipt of the Title IX Grievance Procedures and my right to file this Complaint. Further, I understand that the information I have provided will be shared with the person I have identified as the harasser. I will cooperate with the Title IX Coordinator regarding the investigation of this Complaint. I have been offered supportive measures.

Signature of Complainant _____ Phone No. _____

Printed Name of Complainant _____ Email _____

Signature of Title IX Coordinator _____ Date/Time Received _____