

Title IX Formal Complaint of Sexual Harassment

Complainant's Name: _____ Today's Date: _____

Alleged Perpetrator's Name: _____

Date(s) of Alleged Incident(s): _____

Location(s) of Alleged Incident(s): _____

I, the Complainant, request that the District investigate the following allegations of sexual harassment (may attach separate written statement or additional sheets as necessary):

Complainant's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

District use only

Date Formal Complaint received: _____ Received by: _____

Assign District Case No: _____