



**Title IX COMPLAINT FORM**

**PURPOSE:** The purpose of this Title IX complaint form is to gather the essential basic facts of the alleged actions in order that complaints of sexual harassment in violation of Title IX of the Education Amendments of 1972 ("Title IX") can be resolved as expediently and appropriately as possible.

This form only applies to complaints alleging sexual harassment prohibited by Title IX, as defined by Board Policy 1710.

**INSTRUCTIONS:** Individuals alleging Title IX sexual harassment and requesting review complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged harassment:

Title IX Coordinator:

Teresa Cunningham-Brown  
Chief Human Resources Officer  
Orange County Schools  
200 East King Street  
Hillsborough, NC 27278  
Phone:919-732-8126 Ext 11501  
[teresa.cunningham-b@orange.k12.nc.us](mailto:teresa.cunningham-b@orange.k12.nc.us)

1. Name of Complainant: \_\_\_\_\_  
Contact information: \_\_\_\_\_  
\_\_\_\_\_

2. Nature of Complaint: Please describe the action you believe may be sexual harassment in violation of Title IX and identify any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



3. When and where did the actions described above occur?

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4. Are there any witnesses to this matter?

Yes     No    If yes, please identify the witnesses:

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5. Did you discuss this matter with any of the witnesses identified in Item 4?

Yes     No    If yes, please identify:

Person to whom you have spoken: \_\_\_\_\_

Date: \_\_\_\_\_ Method of Communication: \_\_\_\_\_

Person to whom you have spoken: \_\_\_\_\_

Date: \_\_\_\_\_ Method of Communication: \_\_\_\_\_

Person to whom you have spoken: \_\_\_\_\_

Date: \_\_\_\_\_ Method of Communication: \_\_\_\_\_



# ORANGE COUNTY SCHOOLS

FIRST CHOICE FOR FAMILIES

Person to whom you have spoken: \_\_\_\_\_

Date: \_\_\_\_\_ Method of Communication: \_\_\_\_\_

6. Have you spoken to any administrator(s) or other school employee(s) about this matter?  
 Yes     No    If yes, please identify:

Person to whom you have spoken: \_\_\_\_\_

Date: \_\_\_\_\_ Method of Communication: \_\_\_\_\_

7. Please describe the result of the discussion(s) identified in Question 5.

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8. PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_