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Title IX Complaint Form

**To:**

Student Services/Title IX Coordinator  
Mead School District  
2323 E. Farwell Rd  
Mead, WA 99021

**From:**

Name:  
Address:  
City, State, Zip Code:  
Telephone (home):  
Telephone (business):  
E-Mail:

**TYPE OF COMPLAINT:**

Discrimination based on (check all that apply):

- |  |  |   |                                   |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Sexual Harassment       | <input type="checkbox"/> Sexual Assault  | <input type="checkbox"/> Quid Pro Quo Sexual Harassment | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Gender-Based Harassment | <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Retaliatory Harassment         |                                   |

**NATURE OF COMPLAINT:** (This should be a description in your own words of the grounds of your complaint, including all names, dates, and places that would assist in a complete understanding of your complaint.) You may attach additional pages if necessary.



Have you spoken with any school site staff regarding this complaint?  Yes  No  
If so, who and when?

What was the result of the discussion?

**PLEASE ACKNOWLEDGE WITH YOUR INITIALS (to each applicable line) AND YOUR SIGNATURE AND DATE BELOW:**

I am filing a formal Title IX Complaint.

I have been provided with an opportunity to speak with the District's Title IX Officer regarding my concerns.

I have been informed of my right to file or not file a formal complaint and the right to supportive measures even if a formal complaint is not filed.

I have been informed of the Title IX Standard Complaint Process.

I have been informed of my right to file a formal complaint at a later time (one year from the date of occurrence).

I have been informed of my right to request an informal resolution process after the submission of a formal complaint and the right to exit the informal resolution process at any time.

Signature(s)

Date

FOR DISTRICT USE ONLY:

Date formal complaint received: \_\_\_\_\_

District staff member who received formal complaint: \_\_\_\_\_