



Campbell County School District #1 Formal Complain Form

TITLE IX SEXUAL HARASSMENT

Instructions for filling out this form: If you believe that you have been the victim of sexual harassment, please fill out this form, sign where indicated below, and submit it by hand delivery, electronic mail (title9@ccsd.k12.wy.us), fax (307) 682-6619, or U.S. mail using the contact information listed below:

Melanie Sylte
Title IX Coordinator
1000 West 8th Street
Gillette, WY 82716

This formal complaint form is intended for use by the alleged victim of Title IX sexual harassment (referred to in Title IX Regulations as the "Complainant"). Under Title IX and the Family Educational Rights and Privacy Act (FERPA), a parent or legal guardian may sign a complaint form and otherwise act on behalf of a minor in the formal complaint process.

First and last name of Complainant (the person believed to have EXPERIENCED sexual harassment):

Address: _____

Telephone: _____

Email address: _____

If you are a parent or guardian filling this form out on behalf of a minor Complainant, please provide your contact information below.

Name: _____

Address: _____

Telephone: _____

Email address: _____

First and last name of the Respondent (the person believed to have perpetrated the sexual harassment):

Date(s) that the incident(s) took place:

Location where the incident(s) took place:

Please provide a description of the incident(s) in as much detail possible: [please attach additional pages if necessary].

Have you already met with a District Title IX Coordinator to discuss Supportive Measures and the option to file this Complaint?

- Yes _____
- No _____

Please explain how the alleged sexual harassment has impacted you. This could include physical injuries as well as impacts on your ability to access or benefit from the District's education program or activities.

Please provide the names of anyone who may have witnessed the alleged conduct.

If you have reported these allegations to another person, please state to whom you reported the alleged sexual harassment and provide their contact information (if known).

Please list below any evidence that you believe is relevant to your allegations. This could include audio or visual media, physical objects, online materials, text messages, voicemail messages, screen captures, emails, or any other item you are attaching or intend to make available for the purpose of this complaint. If known, please also identify any information in the District's possession that you believe to be relevant to your allegations and would like the District to review (such as emails or security camera footage).

Please provide any other information that would be helpful for the District in reviewing your allegations.

I certify that, to the best of my knowledge and belief, that the information provided by me on this form is "true and correct" and not a "false statement or charge" to the best of my knowledge. Providing false information may lead to discipline pursuant to federal and state law and/or regulations.

Student/Parent/Guardian Signature

Date

_____/____/____