



26920 Pioneer Highway ♦ Stanwood, WA 98292 ♦ 360-629-1200 ♦ Fax 360-629-1242  
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**Title IX Complaint Form**

*“No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.” Title IX*

**COMPLAINANT INFORMATION:**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Circle one**

Student                      Employee                      Other (Specify): \_\_\_\_\_

Place of Work/School: \_\_\_\_\_ Title/Grade: \_\_\_\_\_

**INCIDENT INFORMATION (Allegations based on Sex/Gender for this Title IX form):**

Name of Alleged Perpetrator: \_\_\_\_\_ Title: \_\_\_\_\_

**WHEN** did the alleged incident(s) occur? \_\_\_\_\_

**WHERE** did the alleged incident(s) occur? \_\_\_\_\_

**WITNESS INFORMATION:**

List any witness(es) who may have seen or who may know something about the alleged harassment/discrimination:

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

Are you aware of others who may be subject to harassment or discrimination by the individual against whom this complaint is made?      **YES**      **NO**

