TITLE IX FORMAL COMPLAINT FORM

PURPOSE: The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, 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 discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination:

Contact our Title IX Coordinators:

Audra Romero, Director of Human Resources
District Title IX Coordinator for Staff Members
aromero@mpcsd.org / (650) 321-7140 x5602

Stephanie Sheridan, Assistant Superintendent of Student Services
District Title IX Coordinator for Student Matters
ssheridan@mpcsd.org / (650) 321-7140 x5607

1. Name of Impacted Party (Complainant): _____

_____

Home Address City/State/Zip Phone No.

School:_____ **Grade:**_____

Name of Person Filing Complaint if not the Complainant:_____

Relationship to Complainant (if Complainant under 18 years old, parent or guardian may file a formal complaint on Complainant's behalf)**:**

_____

2. Nature of Grievance: Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence. Please include, to the best of your ability, the following information: name of accused party (Respondent); date and time the incident(s) occurred; place where the incident(s) occurred; what happened, with as much specificity as possible; any other information you feel may be relevant. Please attach additional sheets, if necessary:

_____

_____

_____

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3. Are there any witnesses to this matter? (Please circle) **Yes** **No**

If yes, please identify the witnesses:

_____

4. Did you discuss this matter with any of the witnesses identified in Item 3? (Please circle)

Yes **No**

Person to whom you have communicated:_____

Date:_____

Method of communication (for example, in person, text, email):

_____

Person to whom you have communicated:_____

Date:_____

Method of communication:

_____

Please attach additional sheets, if necessary.

5. Have you communicated with any administrator(s) or other District staff member(s) about this matter? (Please circle) **Yes** **No**

If yes, please identify:

Person to whom you have communicated:_____

Date:_____

Method of communication (for example, in person, text, email):

_____

Person to whom you have communicated:_____

Date:_____

Method of communication:

_____

Please attach additional sheets, if necessary.

6. Please describe the result of the discussion(s) identified in Item 5:

_____

_____

_____

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 to the best of my recollection or knowledge.

Dated: _____ _____

Complainant Signature

**** Complainant Confidentiality **** All Complainant requests for confidentiality shall be considered. The complainant's request will be honored to the greatest extent possible.

Withdrawing a complaint: Any person who has submitted a Complaint Form has the option to subsequently withdraw the complaint without penalty or consequence. Circumstances may change or, as the complaint process unfolds, an acceptable resolution is reached. Such an "exit" from the complaint process may occur at any stage. If that occurs, the complainant should notify the Title IX Coordinator. Written confirmation may be requested.

Third Party Communication: Only the persons involved in the complaint will receive any communication about the complaint; third parties will not be given information regarding any of the specifics related to a complaint or information that compromises the integrity of the process or the confidentiality and dignity of any person.

Advisor/Support person: This process is not a legal proceeding, and legal standards do not apply. However, you have the right to consult an advisor or support person, who may accompany you to any District proceeding; you are welcome to consult this person at any time in private. Please provide the name and title (if any) of your support person to Kristen Gracia, the Title IX Coordinator, one business day before the first meeting/interview.

I have reviewed the District Grievance Procedure provided to me by the Tittle IX Coordinator and the information in this form. My signature below confirms that I would like to file a formal complaint under Title IX.

Dated: _____ _____

Complainant Signature