



TITLE IX Reporting Form

Independent School District No. 347 maintains a firm policy prohibiting all forms of unlawful sex discrimination. All students are to be treated with respect and dignity. Unlawful sex discrimination by any student, teacher, administrator or other school personnel will not be tolerated under any circumstances.

Any student or employee who believes they have been the victim of unlawful sex discrimination or sexual harassment, or any person (including the parent of a student) with actual knowledge of conduct which may constitute unlawful sex discrimination or sexual harassment toward a student should report the alleged acts as soon as possible to the Title IX Coordinator.

Any employee of the school district who has experienced, has actual knowledge of, or has witnessed unlawful sex discrimination, including sexual harassment, or who otherwise becomes aware of unlawful sex discrimination, including sexual harassment, must promptly report the allegations to the Title IX Coordinator without screening or investigating the report or allegations.

A report of unlawful sex discrimination or sexual harassment may be made at any time, including during non-business hours, and may be made in person, by mail, by telephone, or by e-mail using the Title IX Coordinator's contact information. A report may also be made by any other means that results in the Title IX Coordinator receiving the person's verbal or written report.

Sexual harassment may constitute both a violation of this policy and criminal law. To the extent the alleged conduct may constitute a crime, the School District may report the alleged conduct to law enforcement authorities. The school district encourages complainants to report criminal behavior to the police.

Complainant:

Home Address:

Home Phone:

Work Address:

Work Phone

Date of Alleged Incident(s):_____

Name of person you believe unlawfully discriminated toward you or a student on the basis of sex:

If the alleged unlawful sex discrimination was toward another person, identify that person:

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary):

Where and when did the incident(s) occur:

List any witnesses that were present:

This complaint is filed based on my honest belief that _____ has unlawfully discriminated against me or a student on the basis of sex. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

(Complainant Signature)_____ (Date) _____

Received by:_____ (Date) _____

**Please submit this completed form to Elizabeth Windingstad, Director of Human Resources.
(windingstade@willmar.k12.mn.us)**

Address: 611 5th St SW Willmar, MN 56201