



FRANKLIN-MCKINLEY SCHOOL DISTRICT

TITLE IX SEXUAL HARASSMENT FORMAL COMPLAINT FORM

I. Contact Information

Last Name: _____ First Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work or Cell Phone: _____
Email: _____

II. Complainant (Victim) Information

Name of Complainant (if different from above): _____
School Name: _____
Grade: _____ Principal: _____

III. Respondent (Accused) Information

Name of Respondent: _____
School Name: _____

Is the accused a student? Yes: ☐ NO: ☐ If yes, please indicate the accused student's grade: _____

Is the accused a FMSD Staff Member? Yes: ☐ NO: ☐ Other: ☐ If other, identify the
FMSD Affiliation or organization: _____

IV. Basis of Complaint. Please check the box(es) that most appropriately describes the incident. For more information about the basis of the complaint see Board Policy and Administrative Regulation 5145.7.

- You were exposed to unwelcome conduct of a sexual nature by a student or staff member that denied you access to the District's education program or activity.
 - You feel the alleged behavior is/was severe, pervasive, and objectively offensive.
- You were a victim of any of the following:
 - Sexual Assault, including rape, fondling, incest, or statutory rape.
 - Dating Violence
 - Domestic violence
 - Stalking
- An employee of the District (or person affiliated with FMSD) requested your participation in unwelcome sexual conduct or activity in exchange for District aid,

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benefits, or services.

V.Details of Complain

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Did the harassment occur within or during an FMSD program or activity (for example, at a school site, an FMSD event, or school-sponsored field trip)? If so, please describe below:

Please **describe** the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the alleged acts first came to your attention and location(s) where the incident(s) occurred. Include facts that show that the behavior is/was **severe, pervasive, and objectively offensive**.

Severe may include, among other things, conduct that involves physical touching, breach of privacy, threats of violence, and explicit language. **Pervasive** may include repeated conduct and/or conduct that is openly practiced, widespread, or known to others. **Objectively offensive** conduct is conduct that a reasonable person in a similar situation would find offensive, meaning it causes someone to feel deeply hurt, upset, or angry.

Did this incident interfere with your ability to access or participate in a **District education program or activity**? If so, please describe below:

List the **individuals** involved in the relevant incident(s):

List any **witnesses** to the incident(s):

Are you experiencing **ongoing harassment**?

By submitting this form to the Title IX Coordinator, the Complainant wishes to initiate FMSD's Formal Title IX Complaint Procedure. The Complaint understands that the Title IX Coordinator has 5 days to review the Complaint and make a determination about the jurisdiction to investigate the complaint and will provide written notice to the Complainant after 5 days.

Signature of Person Filing Complaint

Date

Please submit this complaint to:

Limary Trujillo
Title IX Coordinator
Assistant Superintendent, Educational Services
645 Wool Creek Drive
San Jose, CA 95112
limary.trujillo@fmsd.org