



CEDAR SPRINGS PUBLIC SCHOOLS

TITLE IX SEXUAL HARASSMENT FORMAL COMPLAINT FORM

This form is being submitted by:

☐ Complainant ☐ Title IX Coordinator

Complainant Name: _____

Address: _____

Phone: _____ Email: _____

If the Complainant is a student:

School Building Attending: _____ Grade: _____ Birthdate: _____

If the Complainant is an employee:

Job Title: _____ Building: _____

Reporter's Name (if different than Complainant): _____

Relationship to Complainant: _____

Reporter Address: _____

Reporter Phone: _____ Reporter Email: _____

1. Describe the alleged violation of the District's Title IX Sexual Harassment Policy that you are requesting the District investigate. Please be specific. Describe the specific incident(s) and identify the individuals and potential witnesses involved. Describe or attach any evidence you believe is relevant. Attach additional pages if needed.

2. Describe the date/time/location(s) of the alleged incident(s).



3. Describe your proposed resolution to address the alleged violation(s).

Date

Complainant/Coordinator Signature

PLEASE SUBMIT THIS FORM TO:

Daniel Scoville
Director of Human and Community Services, Title IX Coordinator
204 E Muskegon Street
Cedar Springs, MI 49319
daniel.scoville@csredhawks.org
616-696-1204

A person who believes that he/she has been discriminated against by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. You may file a complaint with OCR at any time. Filing a complaint with the District is not a prerequisite to filing with OCR.