



# Marshall Public Schools

100 E. Green Street  
Marshall, Michigan 49068

## 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.

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

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

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Date

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Complainant/Coordinator Signature

**PLEASE SUBMIT THIS FORM TO:**

Ian Gilyard-Schnaitman  
Title IX Coordinator  
Marshall Public Schools  
100 E. Green St.  
Marshall, MI 49068  
ischnaitman@marshallpublicschools.org  
269-781-1259

**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.**

