ACPS REPORT OF DISCRIMINATION, HARASSMENT
or Harassment under TITLE IX

Name of Complainant:

_____

For Students, School Attending & Grade Level:

_____

For Employees, Position and Location:

_____

Address, Phone Number and Email Address:

_____

_____

Date(s) of Alleged Incident(s) of Complaint:

_____

Type of Complaint:

_____ Discrimination or Harassment
(based on race, color, creed, religion, national origin, ancestry, political affiliation, marital status, military status, disability, or 504 plan)
_____ Discrimination or Harassment on the basis of Sex
(based on gender, gender identity, sexual orientation, sex and pregnancy)

_____ Hostile Environment
(work or school)

Name of Respondent(s) you believe discriminated or harassed you or others:

_____

If the alleged complaint was toward another, please identify that person:

_____

Please describe in detail the incident(s) of the alleged complaint including where and when the incident(s) occurred. Please note any witnesses that may have observed the incident(s). Please include a description of any past incidents that may be related to this complaint.
Attach additional pages if necessary.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge:

_____ _____
Signature of Complainant Date

Complaint Received By:

_____ _____
Administrator or
Title IX Coordinator Date