Argo Community High School District 217 Formal Title IX Complaint Form

The District does not discriminate on the basis of sex in any of its education programs or activities, and it complies with Title IX of the Education Amendments of 1972 (Title IX) and its implementing regulations (34 C.F.R. Part 106) concerning everyone in the District's education programs and activities, including applicants for employment, students, parents/guardians, employees, and third parties. Individuals alleging sexual harassment, as defined in District Policy 2:265, shall complete and sign this form to request that the Title IX Coordinator initiate an investigation into such allegations.

"Sexual harassment" as defined in Title IX ("Title IX Sexual Harassment") is prohibited. A person engages in Title IX Sexual Harassment whenever that person engages in conduct on the basis of an individual's sex that satisfies one or more of the following:

1. Conditioning the provision of an aid, benefit, or service on an individual's participation in unwelcome sexual conduct; or

2. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the District's educational program or activity; or

3. Sexual assault as defined in 20 U.S.C. §1092(f)(6)(A)(v), dating violence as defined in 34 U.S.C. §12291(a)(10), domestic violence as defined in 34 U.S.C. §12291(a)(8), or stalking as defined in 34 U.S.C. §12291(a)(30)

This document is intended for use by individuals presently participating in or attempting to participate in an education program or activity operated or controlled by the District. It may be filed with the Title IX Coordinator in person, by mail, or by electronic mail at the contact information provided below:

District Title IX Coordinator:
Mr. Greg E. Dietz
Director of Human Resources
gdietz@argohs.net
(708) 728-3200

Please note, this document must be filed by or signed by the complainant in order to proceed under the District's Title IX Grievance Process.

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Name of Complainant: _____

Address of Complainant: _____

_____

Phone Number: _____

Department Works In / Student Grade Level: _____

Nature of Grievance: _____

Please describe the action you believe may be Title IX Sexual Harassment and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

When did the above described actions take place? _____

Where did the above described actions take place? _____

Were there any eyewitnesses to the described events? ⬜ YES ⬜ NO
If “YES,” please list the names and, if known, contact information for the witnesses:

Have you discussed this matter with any school employee? ⬜ YES ⬜ NO
If “YES,” please list the names of the school employee(s) you have discussed this with, as well as when the discussion(s) took place and where it took place:

I certify that the foregoing information is true and correct.

Name of Complainant: _____

Signature: _____

Date of Complaint: _____

If filed by the TItle IX Coordinator **

I certify that the foregoing information is true and correct.

Name of Complainant: _____

Signature of Title IX Coordinator: _____

Date of Complaint: _____