Formal Complaint of Title IX Sexual Harassment

Pursuant to the District's Title IX Grievance Process, a member of the school community may file a Formal Complaint of Sexual Harassment. Upon receipt of this Complaint Form, the Title IX Coordinator will promptly contact the Complainant confidentially to discuss any supportive measures that may be appropriate. **Supportive measures are available regardless of whether or not a formal complaint is filed.**

The Title IX Coordinator may sign and file a Complaint Form in their capacity as the Title IX Coordinator over the wishes of a Complainant when appropriate and doing so would not be clearly unreasonable in light of the known circumstances.

Complainant Information

Name:

Is Complainant a Student? Y/N If so, indicate Grade: ____ School: _____

Is Complainant an Employee? Y/N If so, indicate:

Position: _____ Primary Employment Location: _____

Home Address: _____

Parent/Guardian Name: _____

Mailing Address:_____

Email: _____ Telephone:_____

Respondent(s) Information

Name:

Is Respondent a Student? Y/N If so, indicate Grade: ____ School: _____

Is Respondent an Employee? Y/N If so, indicate:

Position: _____ Primary Employment Location: _____

Incident Information

Date(s) & Time of the Incident(s): _____

Location of Incident(s): _____

Description of Incident**:**
Please provide a description of what occurred, and to the extent possible, include dates, times, locations, witnesses and other evidence. If you there is additional evidence that you would like considered, please describe it.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Witnesses

Name	Role (student, staff, parent, etc.)& contact information if available
_____	_____
_____	_____
_____	_____
_____	_____

Did you discuss this matter with any of the witnesses listed above? Yes or No

If yes, please identify witness(es) to whom you have spoken and the nature of those conversations:

PLEASE ATTACH OR LIST ANY OTHER SOURCES OF INFORMATION THAT YOU FEEL ARE RELEVANT TO YOUR COMPLAINT (SUCH AS SOCIAL MEDIA COMMUNICATIONS, EMAILS, PICTURES, VIDEOS, TEXT MESSAGES, SCREENSHOTS OR OTHER DOCUMENTS).

By signing below, I certify that the information contained in this Title IX Discrimination Form is true and correct to the best of my knowledge and I request that Public Schools investigate the allegations contained herein.

_____	_____	_____
Signature	Print Name	Date

Received by the Title IX Coordinator:

_____	_____	_____
Signature of Title IX	Print Name	Date