

Exhibit 2 Sexual Harassment (Title IX) Complaint Form

Instructions for filling out this form: If you believe that you have been the victim of sexual harassment, please fill out this form and submit it by hand delivery, electronic mail, or U.S. mail to the School's Title IX Coordinator. **You are not required to use this form and may file a complaint by any other reasonable means, orally or in writing.** If the victim of sexual harassment is a minor, the form may be completed and signed by a parent or guardian. A person believed to be a victim of sexual harassment is the "complainant."

If you are reporting sexual harassment you witnessed or know of against another person, please report this to the School's Title IX Coordinator. **Do not use this form.** Please identify for the Coordinator the victim, the alleged perpetrator; the date, time and place of the conduct; and other factual details. **Under federal law, only an alleged victim (for themselves or, for a minor, through a parent or guardian) or the Title IX Coordinator has the right to file a complaint.**

Please print or type when completing this form. **If needed, attach additional sheets and indicate the number of additional pages below.**

Name of complainant: _____

Parent or guardian (if applicable) _____

Address: _____

Telephone number: _____

Email address: _____

I am an/a: ☐ Employee ☐ Student ☐ Parent/Guardian ☐ Other (_____)

You have the right to be represented by an advisor (who may be an attorney, advocate or someone else) during the complaint process. If you have an advisor, please provide contact information. You may provide this information at a later time.

Name: _____

Address: _____

Telephone number: _____

Email address: _____

A person alleged to have committed sexual harassment is called the "respondent." Please identify the respondent(s) and indicate their relationship to the School.

☐ Employee ☐ Student ☐ Parent/Guardian ☐ Other (_____)

Please describe the facts and circumstances giving rise to this complaint. **If needed, attach additional sheets and indicate the number of additional pages below.**

When and where did these events occur? Provide dates, times, and locations, if possible.

Please provide the names of anyone else you believe is a victim of such conduct:

Please provide the names and contact information of anyone who may have witnessed the alleged conduct.

If you have reported this to another person, please state to whom you reported the behavior and provide their contact information (if known).

If you reported to a School employee, please state when, to whom, and what response you received. Please note such a report was not required.

Please list below any evidence that you believe is relevant. This could include audio or visual media, physical objects, online materials, text messages, voicemail messages, screen captures, emails, or any other item. Please include any information in the possession of the School or the Respondent that may be helpful (such as emails, pictures, or video).

Is there any other information you believe would be helpful? For example, if this conduct constituted harassment or misconduct on some other grounds, you may explain that here.

Please explain how this conduct has impacted you. This includes any injuries as well as impacts on your ability to access or benefit from the School's education program or activities or from your employment.

Please describe the outcome or remedy you seek.

Please provide below your physical or digital signature.

Signature:

Name (printed):

Check one:

☐ Complainant ☐ Parent/Guardian ☐ Title IX Coordinator

Date:

Notice to Complainant: This document is a legal record requesting a formal investigation.

Please keep a copy of this completed form and any supporting documentation for your records.

If your complaint is found not to support a claim of sexual harassment, but would be proper under any other School policy, the School will notify you and proceed to consider your complaint under the proper policy.