



TITLE IX DISCRIMINATION COMPLAINT FORM

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits sex discrimination of students or employees in any education program or activity receiving federal financial assistance. **When the form has been completed and signed by you, and then signed by the Title IX Coordinator or designee, your complaint has been properly received and noted by the district.** We will provide you with a copy of this form as well as complete information about the Title IX complaint process.

1. I am completing this form as (check one): A parent/guardian on behalf of a student An employee
I am filing this report Anonymously (if selected, skip to question 3)

2. Information of person filing this complaint (please complete all applicable fields):
First Name: _____ Last Name: _____
Phone Number: _____ Student or Employee ID: _____
School: _____ Grade: _____ Department: _____
Home or Work Address: _____

3. Information of person discriminated against (please complete all applicable fields):
First Name: _____ Last Name: _____
Phone Number: _____ Student or Employee ID: _____
School: _____ Grade: _____ Department: _____
Home or Work Address: _____

4. Have you brought this matter to the attention of anyone else at your school, another school, or the district? If so, please list the name(s) and school/department(s) of all other persons with whom you have discussed this matter. (May attach additional page(s) if needed)

Name: _____	School/Department: _____

5. Describe your complaint below (May continue on the back of this page or attach additional page(s) if needed):

6. Name of person(s) you believe committed the offense against you and how you have contact with them (e.g. student, teacher, co-worker, supervisor. May attach additional page(s) if needed):

7. Please identify any witnesses below (May attach additional page(s) if needed):

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

I certify the aforementioned is true and correct.

_____ Name (Printed)	_____ Signature	_____ Date
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For office use only:

_____ Title IX Coordinator Name (Printed)	_____ Title IX Coordinator Signature	_____ Date
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