INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
*Educating, developing, and inspiring our students for lifelong success.*

Series Number **503.5.1P** Adopted **March 2022** Revised **July 2025**

Title **Formal Complaint of Sexual Harassment Under Title IX**

In accordance with Administrative Regulation 503.5AR (Title IX Sex Nondiscrimination Regulation, Grievance Procedure and Process), District 196 prohibits sexual harassment under Title IX. Persons who believe they have been subjected to sexual harassment as defined by Title IX (and the parents or guardians of such persons) may use this form to make a formal complaint of sexual harassment to the District 196 Title IX Coordinator. This form may also be used by the Title IX Coordinator to institute a formal complaint of sexual harassment under Title IX. Formal complaints of sexual harassment under Title IX will be processed using the procedures detailed in Administrative Regulation 503.5AR.

If you do not wish to file a formal complaint at this time, but would still like to report sexual harassment to the Title IX Coordinator, do not use this form. Please contact the Title IX Coordinator (see contact information below) to discuss.

Name of person making report (please print) _____

Home address _____

Work address _____

Home phone (_____) _____ Work phone (_____) _____

Date(s) of alleged incident(s) _____

School(s) or District 196 program(s) involved _____

Name of person you believe sexually harassed you or another person: _____

_____

If the alleged sexual harassment was toward another person, identify that person:

_____

If the alleged sexual harassment was toward another person, are you the parent or guardian of that person: □ Yes □ No

List any witnesses who were present or who may have relevant information: _____

_____

_____

Where and when did the incident(s) occur? _____

_____

Describe the incident(s) as clearly as possible, including such things as what force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved, etc. (Attach additional pages if necessary.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

This complaint is filed based on my honest belief that _____ has sexually harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief. I am requesting that the district investigate this matter and process it as a formal complaint of sexual harassment under Administrative Regulation 503.5AR.

Signature of Person Making Report **X**_____ Date _____

***For District 196 Use Only***: Date Report Received _____

- Please submit this form to the District 196 Title IX Coordinator:
  Joel Milteer, Director of Human Resources
  3455 153rd Street West
  Rosemount, MN 55068-4946
  joel.milteer@district196.org
  651-423-7859