



Jackson Public Schools

Administrative Office

522 Wildwood Ave. | Jackson, Michigan 49201
Phone 517-841-2202 | Fax 517-789-8056
jpsk12.org

Title IX Formal Complaint Form

Today's Date: _____

This form is being submitted by:

☐ Complainant

☐ Title IX Coordinator

1. Complainant Information

Name: _____

Role (check one) ☐ Employee ☐ Other: _____

Building / Department (if applicable): _____

Phone Number: _____

Email Address: _____

2. Respondent Information (Person Accused)

Name: _____

Role (check one) ☐ Employee ☐ Other: _____

Building / Department (if applicable): _____

Relationship to Complainant: _____

3. Incident Details

Date(s) of Alleged Incident(s): _____

Locations(s): _____

Description of Incident(s): (Please attach document.)

4. Witnesses (if any).

| Name | Role | Contact Info |

5. Supportive Measures Requested or Provided

☐ Counseling ☐ Class or schedule change ☐ No-contact directive

☐ Other: _____

6. Desired Resolution (if any):

7. Formal Complaint Confirmation

By signing below, I am formally requesting the school district investigate the allegations described in this complaint under the Title IX grievance process.

Signature of Complainant: _____

Date: _____

PLEASE SUBMIT THIS FORM TO:

Jessica Carter or Kelly Crum
Jackson Public Schools
522 Wildwood Ave
Jackson, MI 49203

Jessica.Carter@jpsk12.org or Kelly.Crum@jpsk12.org

Office Use Only

Complaint received by: _____

Title IX Coordinator signature: _____

Date formal complaint acknowledged: _____

Next steps taken:

- ☐ Notice of Allegations sent
- ☐ Investigator assigned
- ☐ Supportive measures offered
- ☐ Parties notified of rights

Additional Office Notes:
