



Title IX Complaint Form

Date: _____

Name of Complainant: _____

Address: _____

Phone Number: _____

Email: _____

School: _____

Grade Level/Position: _____

Summary of alleged prohibited conduct: Please detail the conduct you believe may be sex discrimination, including complaints of sexual harassment, in violation of Title IX. Please attach additional sheets, if necessary:

Name(s) of individual(s) allegedly engaging in prohibited conduct:

Date alleged prohibited conduct occurred:

Are there any witnesses to the alleged prohibited conduct?: (please circle) Yes/No

If yes, please identify the witnesses:



Resolution of Complaint: Please share how you would like to see this complaint resolved.

By signing below you certify that the above information is true and correct.

Signature of Complainant

Signature of Parent/Guardian (if Complainant is under 18 years of age)

Date

Please email completed form to TitleX-Nondiscrimination-Coordinator@adams12.org.