

TITLE IX GRIEVANCE FORM (1)

Purpose of Title IX Grievance Form:

To gather the essential basic facts of the alleged actions in order that, prompt and equitable resolutions of complainants based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 can be resolved as expediently and appropriately as possible¹.

Instructions:

Individuals alleging a Title IX violation and requesting a review may use this form and submit it to the Director of Title IX as soon as possible after the occurrence of the alleged discrimination. Complete and return this form to the school or Title IX Office within **three (3) business days** of receipt. You may also attach additional pages or supporting documentation, if needed.

Director of Title IX

Shfanta McGee
 400 N. Church St
 Monroe, NC 28112
 (704) 296-0659

titleixdirector@ucps.k12.nc.us

Section 1: Complainant Information (Person has experienced alleged incident.)

Name: _____ Phone Number: _____

School/Work Location: _____ Email: _____

Mailing Address: _____

School/District Role: ☐ Student ☐ Staff ☐ Administrator ☐ Teacher ☐ Parent/Guardian ☐ Other

Were you a student at the time of the incident? ☐ Yes ☐ No

Incident Date(s): _____ Incident Time: _____ Location of Incident: _____

Section 2: Respondent Information (Person who allegedly engaged in the reported conduct.)

Name: _____ School/Work Location: _____

School/District Role: ☐ Student ☐ Staff ☐ Administrator ☐ Teacher ☐ Parent/Guardian ☐ Other

Section 3: Witness Information

Name of Witness 1: _____

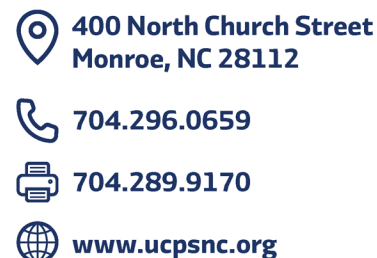
School/District Role: ☐ Student ☐ Staff ☐ Administrator ☐ Teacher ☐ Parent/Guardian ☐ Other

Name of Witness 2: _____

School/District Role: ☐ Student ☐ Staff ☐ Administrator ☐ Teacher ☐ Parent/Guardian ☐ Other

Name of Witness 3: _____

School/District Role: ☐ Student ☐ Staff ☐ Administrator ☐ Teacher ☐ Parent/Guardian ☐ Other



☐ No Contact Directive	☐ Teacher Notification
☐ Counseling	☐ Workplace Adjustment
☐ Safety Plan	☐ School Safety Escort
☐ Academic Adjustment	☐ Other: _____

In compliance with federal law, UCPS administers all educational programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.

Section 6: Action Requested

- ☐ No Action
- ☐ Informal Resolution
- ☐ Title IX Investigation if the description of the incident meets the definition of sexual harassment
- ☐ Meet with the Director of Title IX
- ☐ Other: _____

I certify that the foregoing information is true and correct.

Student Name: _____ Student Signature: _____

Date: _____

Parent Name: _____ Parent Signature: _____
(Parent/guardian or other authorized legal representative may sign on behalf of the student)

Date: _____