

TITLE IX FORMAL COMPLAINT FORM

PURPOSE: The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 ("Title IX") can be resolved as expediently and appropriately as possible. This form only applies to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination:

Contact our Title IX Coordinator: Pam Bartfield
Executive Director of Curriculum & Instruction K-5
(650) 312-7252
pbartfield@smfc.k12.ca.us
1170 Chess Dr, Foster City, CA 94404

1. Name of Impacted Party (Complainant): _____

Home Address	City/State/Zip	Phone No.
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School: Bowditch **Grade:** 8

Name of Person Filing Complaint if not the Complainant: _____

Relationship to Complainant (if Complainant under 18 years old, parent or guardian may file a formal complaint on Complainant's behalf):

2. Nature of Grievance: Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence. Please include, to the best of your ability, the following information: name of accused party (Respondent); date and time the incident(s) occurred; place where the incident(s) occurred; what happened, with as much specificity as possible; any other information you feel may be relevant. Please attach additional sheets, if necessary:

3. Are there any witnesses to this matter?

If yes, please identify the witnesses:

4. Did you discuss this matter with any of the witnesses identified in Item 3?

Person to whom you have communicated: _____

Date: _____

Method of communication (for example, in person, text, email):

Person to whom you have communicated: _____

Date: _____

Method of communication:

5. Have you communicated with any administrator(s) or other District staff member(s) about this matter?

If yes, please:

Identify the person with whom you have communicated: _____

Date: _____

Method of communication (for example, in person, text, email):

Person to whom you have communicated: _____

Date: _____

Method of communication:

6. Please describe the result of the discussion(s) identified in Item 5:

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct to the best of my recollection or knowledge.

Dated: _____

Complainant, or Parent/guardian on behalf
of Complainant

**** Complainant Confidentiality **** All Complainant requests for confidentiality shall be considered. The complainant's request will be honored to the greatest extent possible.

Withdrawing a complaint: Any person who has submitted a Complaint Form has the option to subsequently withdraw the complaint without penalty or consequence. Circumstances may change or, as the complaint process unfolds, an acceptable resolution is reached. Such an "exit" from the complaint process may occur at any stage. If that occurs, the complainant should notify the Title IX Coordinator. Written confirmation may be requested.

Third Party Communication: Only the persons involved in the complaint will receive any communication about the complaint; third parties will not be given information regarding any of the specifics related to a complaint or information that compromises the integrity of the process or the confidentiality and dignity of any person.

Advisor/Support person: This process is not a legal proceeding, and legal standards do not apply. However, you have the right to consult an advisor or support person, who may accompany you to any District proceeding; you are welcome to consult this person at any time in private. Please provide the name and title (if any) of your support person to Pam Bartfield, the Title IX Coordinator, one business day before the first meeting/interview. If you do not have someone identified as an advisor, but would like one, the District can provide one to you. Notify Pam Bartfield, at (650) 312-7252 or pbartfield@smfc.k12.ca.us at least two business days before the first meeting/interview if you would like the District to provide you with an advisor.

I have reviewed the District Grievance Procedure provided to me by the Title IX Coordinator and the information in this form. My signature below confirms that I would like to file a formal complaint under Title IX.

Dated: _____

Complainant, or Parent/guardian on behalf
of Complainant