



CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF

HUMAN RESOURCES

Title IX Formal Complaint Form

PURPOSE: The purpose of the Title IX Formal Complaint Procedures is to inform the District of allegations of sexual harassment, sexual violence and sex discrimination in violation of Title IX of the Education Amendments of 1972 ("Title IX") so that the District may take appropriate action.

INSTRUCTIONS: In order to properly submit the Title IX Formal Complaint Form (the "Formal Complaint"), you must: (1) complete and sign the Formal Complaint, and (2) submit it to the Title IX Coordinator by email, mail, or hand delivery. The Formal Complaint Form is required to initiate the formal resolution process, including an investigation, hearing, and/or informal resolution. The Title IX Coordinator will confirm in writing that your Formal Complaint has been submitted.

1. Name and Contact Information of Complainant

First and Last Name: _____

Address: _____
Street Name and Number *City/State/Zip*

Home Phone: (____)_____ School: _____ Grade: _____

2. Name(s) of Respondent(s) (and Title(s) if Applicable):

3. Nature of Complaint: Please describe the action(s) you believe may be sexual harassment, including complaints of sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

See additional page(s) (attached to this Complaint Form)

4. When did the actions described above occur? _____

5. Are there any witnesses to this matter? Yes No

If yes, please provide the names, if known, of the witness(es):

6. Did you discuss this matter with any of the witnesses identified in item 5?

Yes No

If yes, please identify:

Person(s) to whom you have spoken:

Date: _____ Method of communication: _____

7. Have you spoken to any administrator(s) or other District staff member(s) about this matter?

Yes No

If yes, please identify:

Person(s) to whom you have spoken:

Date: _____ Method of communication: _____

8. Please describe below or attach any sources of information that you feel are relevant to your complaint:

See additional page(s) (attached to this Complaint Form)

I hereby request that the District conduct an investigation into the allegations of sexual harassment described above. I certify that the foregoing information is true and correct to the best of my knowledge.

Print Name

Signature

Date

Title IX Coordinator Signature: _____

Date of Signature: _____

Date of Receipt of Complaint: _____