



Reporting Sex Discrimination, Sexual Misconduct & Retaliation

Complaint Form

I understand that I have a right to initiate a complaint against (a) another student, (b) an administrator, (c) a PSD employee, or (e) certain third-parties, such as independent contractors or vendors of the District, if I have been subjected to unjust action or denial of my rights based on my gender or sexual misconduct (including sexual assault) under the District's Policies and state and federal laws.

I understand that if I have been sexually assaulted and prefer to speak with someone and have him/her assist me in completing this form, I will contact the Title IX Coordinator(s).

COMPLAINANT INFORMATION

Name: _____

Home address: _____

Home phone number: _____ Cell phone number: _____

Email address: _____

I am a: Student _____ Employee _____ Witness _____

Other person filing on behalf of a student _____

Signature: _____

Date: _____

COMPLAINT AGAINST:

Full name (if known) of person who is accused of sex discrimination, sexual harassment, sexual misconduct, sexual violence or retaliation

Email address (if known)

Phone number (if known)

If the individual is on campus, is the individual a/an:

(Check the appropriate title)

District Employee	District Administrator
PSD Student	Third Party (Vendor or Contractor)
Stranger	Unknown

If the individual is from off campus, is the individual a:

(Check the appropriate title)

Boy/Girlfriend	Spouse
Family Member	Friend/acquaintance
Stranger	Other

Is this a sexual assault complaint? YES ____ NO ____

Please describe the general and specific nature and/or grounds on which this complaint is based. To the extent possible, support your allegations with names, locations, dates, and times.

If this is a sexual assault complaint, only complete the description if you are willing and able. If you prefer to speak to someone instead of completing the description in the space provided below, please indicate by checking the space here:

I prefer to speak with someone and have that person complete this section with me.

Were witnesses present for the alleged behavior? If yes, please list their name(s) and contact information, if known.

(Attach additional information to this document)

How would you like to see the situation resolved?

(Attach additional information to this document)

List or attach any texts, emails, photographs or other documents you believe should be reviewed

(Attach additional information to this document)

I have reported to the best of my ability, and affirm that the information and/or supporting documents I have given is accurate, factual and submitted in good faith.

Signature:

Date:
