



Lonoke School District
Title IX Formal Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on sex in educational institutions that receive federal financial assistance. When the form has been completed and signed by a complainant or the Title IX Coordinator, the alleged sexual harassment will be investigated by the District. A copy of this complete form, as well as information about the District's Title IX grievance process, will be provided to the complainant and respondent.

Complainant: An individual who is alleged to be the victim of sexual harassment

Respondent: An individual who is alleged to be the perpetrator of sexual harassment.

Formal Complaint: A document filed by a complainant (or parent/guardian) or signed by the Title IX Coordinator alleging sexual harassment against a respondent and requesting that the district investigate the allegation.

The purpose of the grievance process is to restore or preserve equal access to the district's education programs or activities.

COMPLAINANT PERSONAL INFORMATION	
Name	
Email	☐ Parent ☐ Student ☐ District Employee ☐ Other _____
Home Address (Street, City, State, Zip code)	
Phone Number (Cell) Formatt (xxx)-xxx-xxxx	
Phone Number (Work) Formatt (xxx)-xxx-xxxx	
Email Address	
School/Work Location	
Employee Job Title (if the complainant is an employee)	

TYPE OF COMPLAINT	
Discrimination Based On (Check all that apply.)	☐ Sexual Harassment ☐ Sexual Assault ☐ Stalking ☐ Retaliation ☐ Gender-Based Harassment ☐ Dating Violence ☐ Cyberbullying ☐ Other _____

DATE INCIDENT OCCURRED	
☐ Continuing Action ☐ Retaliation	
Earliest Occurrence	
Latest Occurrence	
Continuing Action	

RESPONDENT INFORMATION (Provide the name and contact information, if known, of the individual(s) alleged to have engaged in Title IX sexual harassment.)	
1st Respondent is a student:	1st Respondent is an employee:
Name:	Name:
School:	School/Work Location:
Phone Number : Formatt (xxx)-xxx-xxxx	Phone Number: Formatt (xxx)-xxx-xxxx
2nd Respondent is a student:	2nd Respondent is an employee:
Name:	Name:
School:	School/Work Location:
Phone Number : Formatt (xxx)-xxx-xxxx	Phone Number: Formatt (xxx)-xxx-xxxx

Please specifically describe your complaint against the person(s) named in the previous section, including how the person(s) sexually harassed you, assaulted you, or retaliated against you, or committed the prohibited conduct you identified above. Please describe the behavior, comments, or incidents that occurred. Identify: Who, What, When, and Where

WITNESSES	
Were there any witnesses to this matter?	☐ Yes ☐ No
If yes, please list those who witnessed the incident(s) or have knowledge of the incident. Please attach additional names if needed.	
First Witness	
Name:	School/Work Location:
Phone Number:	Email:
Second Witness	
Name:	School/Work Location:
Phone Number:	Email:
Third Witness	
Name:	School/Work Location:
Phone Number:	Email:
Did the reporter discuss the incident with any witnesses previously identified?	☐ Yes ☐ No
If yes, please identify the persons with whom the reporter discussed/reported the incident: (Please use additional sheets if needed.)	
First Person With Whom Incident Was Reported	
Name:	Date:
Method of Communication:	
Second Person With Whom the Incident Was Reported	
Name:	Date:
Method of Communication:	

Please identify any administrators, district employees, or law enforcement agency to whom you reported your concerns:	
First Person/Agency To Whom a Report Has Been Made	
Reported to:	Date:
Describe how concerns were reported:	
Results:	
Second Person/Agency To Whom a Report Has Been Made	
Reported to:	Date:
Describe how concerns were reported:	
Results:	

I certify the information contained in this formal complaint is true and correct.

Signature of Complainant

Date: _____

Relationship to Complainant: ☐ Self ☐ Parent/Guardian ☐ Other: _____

Name: _____
Administration/ Title IX Coordinator

Date: _____