



TITLE IX DISCRIMINATION COMPLAINT FORM

PURPOSE: Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) prohibits discrimination based on the sex of students and employees of educational institutions which receive federal financial assistance. This form should only be used for complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence). **When the form has been completed and signed by you, and then received and noted by the Richmond County School System,** you will be provided with a copy of this form as well as complete information about the Title IX complaint process. If you require emergency assistance, please contact the appropriate school administrator.

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are requested to complete this form and submit it to the School Administrator (e.g., Principal, Assistant Principal) or Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination. You do not need to answer every question to submit the form. Reports can be submitted anonymously, with the understanding that anonymity increases the difficulty of pursuing investigation. If you have any questions, please contact your school Title IX Coordinator, administrator, or System Compliance and Title IX Coordinator, Dr. Titania Singh, at (706)826-1000 x 5476 singhti@boe.richmond.k12.ga.us.

I am filing this complaint as a (check one): ☐ Student (or on behalf of a student) ☐ Employee ☐ Anonymously

Name of Complainant: _____ Name of Student _____

School: _____ Grade: _____

Home Address: _____ City _____ Zip _____

Phone: _____ Email (Parent/Guardian if under 18): _____

1. **Nature of Complaint:** Please describe the action(s) you believe may be sex discrimination, including complaints of sexual harassment or 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:

2. List the name of the person or persons you believe committed the offense against you and how you have contact with them (e.g., teacher, peer/student, supervisor, co-worker):

Name	How You Have Contact with Them

3. When did the above described actions occur? _____

4. Where did the above described actions occur? _____

5. Are there any witnesses to this matter? (Please circle) Yes No

If yes, please identify the witnesses and how you have contact with them:

Name of Witness	How You Have Contact with Them

6. Have you spoken to or notified any administrator(s) or other staff member(s) about this matter? (Please circle) Yes No

If yes, please identify:

Person to Whom You Have Spoken	Date of Contact	Method of Contact (verbal, email, etc.)

7. Statement of Relief Sought by Complainant: What would you like to happen as a result of your complaint?

Certification: Please read the statement below, sign and date your complaint.

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

Printed Name

Signature

Date

Submit completed form to a school administrator or the School Title IX Coordinator. Completed forms may also be submitted directly to the System Title IX Coordinator.

Verification of Receipt of Complaint

(To be completed by administrator and/or Title IX Coordinators)

Date Received by Administrator: _____ Signature: _____ Title: _____

Date Received by School Title IX Coordinator: _____ Signature: _____

Date Received by System Title IX Coordinator: _____ Signature: _____

Date Received by Deputy Title IX Coordinator: _____ Signature: _____



Title IX System Contact

Dr. Titania L. Singh
System Compliance and Title IX Coordinator
Department of Policy and Legal Compliance
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Augusta, GA 30901
(706) 826 – 1000 x 5476
singhti@boe.richmond.k12.ga.us

Any person may report sex discrimination, including sexual harassment (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sex discrimination or sexual harassment), in person, by mail, by telephone, or by electronic mail, using the contact information listed for the Title IX Coordinator, or by any other means that results in the Title IX Coordinator receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address, listed for the Title IX Coordinator.

Students and employees will not be subjected to retaliation for reporting such harassment or discrimination. A copy of the discriminatory complaint procedures relative to the Richmond County School System Policy GAAA (Equal Opportunity Employment), Policy GAEB (Harassment), Policy IDFA (Gender Equity in Sports) or JCDAAG Bullying are located in the School System policy manual that is available on the System web site, www.rcboe.org.