TITLE IX DISCRIMINATION
COMPLAINT FORM

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) prohibits sex discrimination of students or employees in any education program or activity receiving federal financial assistance. **When the form has been completed and signed by you, and then signed by the Title IX Coordinator or designee, your complaint has been properly received.** NACA does not discriminate on the basis of sex and prohibits discrimination, which includes sexual harassment, sexual misconduct, and sexual violence in all of the program and activities it operates.

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1. **I am completing this form as** *(check one)*: ☐ A parent/guardian on behalf of a student ☐ An employee
   ☐ I am filing this report Anonymously *(if selected, skip to question 3)*

2. **Information of person filing this complaint** *(please complete all applicable fields):*

   First Name: _____ Last Name: _____

   Phone Number: _____ Student or Employee ID: _____

   School: _____ Grade: _____ Department: _____

   Home or Work Address: _____

3. **Information of person discriminated against** *(please complete all applicable fields):*

   First Name: _____ Last Name: _____

   Phone Number: _____ Student or Employee ID: _____

   School: _____ Grade: _____ Department: _____

   Home or Work Address: _____

4 Have you brought this matter to the attention of anyone else at your school, another school, or the district? If so, please list the name(s) and school/department(s) of all other persons with whom you have discussed this matter. *(May attach additional page(s) if needed)*

   Name: _____ School/Department: _____

   Name: _____ School/Department: _____

   Name: _____ School/Department: _____

   Name: _____ School/Department: _____

   Name: _____ School/Department: _____

5. Describe your complaint below *(May continue on the back of this page or attach additional page(s) if needed)*:

6. Name of person(s) you believe committed the offense against you and how you have contact with them (*e.g. student, teacher, co-worker, supervisor. May attach additional page(s) if needed)*:

7. Please identify any witnesses below *(May attach additional page(s) if needed)*:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I certify the aforementioned is true and correct.

Name (Printed)	Signature	Date

For office use only:

Title IX Coordinator Name (Printed)	Title IX Coordinator Signature	Date