

St. Mary's County Public Schools
Title IX Formal Complaint

Title IX of the Education Amendments of 1972 (20 U.S.C. 1681) is a federal law that prohibits discrimination based on sex of individuals in educational institutions that receive federal financial assistance. When a formal complaint has been filed, the Title IX School Coordinator will ensure SMCPs responds to the complaint. 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) and/or signed by the Title IX School Coordinator alleging sexual harassment against a Respondent and requesting that the school district investigate the allegation.

COMPLAINANT INFORMATION *(Please Print)*

Alleged Targeted Student: _____

School: _____

TYPE OF COMPLAINT

Discrimination based on: *(Check all that apply)*

- ☐ Sexual Harassment ☐ Sexual Assault ☐ Gender Based Harassment
☐ Dating Violence ☐ Stalking

Incident Occurred: Earliest date ____/____/____ Lasted date: ____/____/____

☐ On going

RESPONDENT INFORMATION

Please list the individual(s) alleged to have engaged in sexual harassment/prohibited conduct.

Respondent #1 Name _____

School _____

Respondent #2 Name _____

School _____

NATURE OF COMPLAINT

Please specifically describe your complaint against the name person(s) in the previous section, including how the person(s) sexually harassed or assaulted you. Please describe the behavior, comments, or incidents that caused you to file your complaint. (Identify: Who, What, When, and Where)

Who:

What:

When:

Where:

Were there any witnesses? ☐ Yes ☐ No

If Yes, please identify witnesses to the incident(s) or those who have knowledge of the incident(s).

Name _____ Relationship to you _____

Phone Number ____ - ____ - ____ Email _____

Name _____ Relationship to you _____

Phone Number ____ - ____ - ____ Email _____

Name _____ Relationship to you _____

Phone Number ____ - ____ - ____ Email _____

SIGNATURES

I Certify that the information above is true and correct:

Your Name Printed _____

Your Signature _____ Date ____/____/____

Complaint Received:

Title IX School Coordinator Printed Name _____

Title IX School Coordinator Signature _____ Date ____/____/____