



Cave Creek Unified School District TITLE IX FORMAL COMPLAINT FORM

Cave Creek Unified School District complies with federal and state laws prohibiting unlawful discrimination based on race, color, national origin, sex, disability and age in its programs and activities. Any person that believes they have been harassed or discriminated against based on his/her sex can file a complaint under this procedure by contacting the District's Title IX Coordinator(s) as follows:

Mr. Evan Tiras
Title IX Coordinator/Director of Student Services
PO Box 426 Cave Creek, AZ 85327
480-575-2027
etiras@ccusd93.org

Date: _____

Complainant Name (you): _____

Address: _____
Street City State Zip

Telephone: _____
Home/Cell Work

Respondent Name: _____
(person whom complaint is against)

1. Describe the alleged sexual harassment in specific terms (attach additional pages if necessary). Include:
 - a. The specific incident or activity that is alleged to be in violation of Title IX
 - b. The name of all individuals involved;
 - c. Dates, times, and locations involved.
2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.
3. Do you want this Complaint to be formally investigated and addressed by the District?
☐ Yes ☐ No. If "No", please clarify:

☐ I do not want a formal investigation. I am just bringing this to the District's attention.

☐ I do not want a formal investigation. I would like to speak with the Title IX Coordinator about my complaint.

☐ Other (please explain): _____

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Signature of Complainant

Date Signed

PLEASE RETURN THIS FORM TO THE TITLE IX COORDINATOR(S) LISTED ABOVE.