

Title IX Complaint Form



Please complete this information and attach additional pages of information, if necessary.

If you need assistance to complete this complaint form, you may contact the Title IX Coordinator:

Mr. Bruce E. Langston, MAS Title IX Officer: bruce.langston@mascharterschool.com | (505) 242-3118).

STUDENT OR EMPLOYEE INFORMATION	
Full Name:	
Mailing Address:	
Phone:	Email:
INCIDENT(S)	
Name of person(s) responsible for conduct you believe was sexual harassment or discrimination based on sex:	
To the best of your recollection provide the following information about the incident(s):	
Date(s):	
Times(s):	
Place(s) (this can include technology, e.g. email, social media):	
Detailed description of conduct:	
Names and contact information of witnesses:	
Other information:	

Please attach copies of any documents, emails, text messages, or images to support your complaint and submit to Mr. Bruce E. Langston at: bruce.langston@mascharterschool.com

To the best of my knowledge and recollection the information above is true and correct. I understand that reporting false information about the person I have alleged committed the improper conduct, may have serious negative consequences for me and for the other person.

Signed by: _____ Date: _____