



Office of Civil Rights

Title IX Investigations
Bolling Building
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TITLE IX SEXUAL HARASSMENT COMPLAINT FORM

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on sex in the programs or activities of educational institutions which receive federal financial assistance. **When this form has been completed and signed by you, the Title IX Coordinator, or their Designee, the District has received the complaint.** Once a formal complaint is on file with the District, the District must provide the names of all known parties to the alleged perpetrator (respondents) and the details of the allegations. If you require further assistance, contact the Title IX Coordinator using the contact information available on the District's website.

Who is Filling Out the Complaint?

Name: _____

Grade, if student: _____

Affiliation with District: ☐ Student ☐ Employee ☐ Parent ☐ Volunteer

☐ Other: _____

Address: _____

Email: _____

Phone: _____

Student or Employee ID: _____

Who is the Alleged Victim ("Complainant")?

Is the Reporting Party the Complainant:

☐ Yes ☐ No (If no, provide information about the Complainant below)

Complainant's Name: _____

Grade, if student: _____

Affiliation with District: ☐ Student ☐ Employee ☐ Parent ☐ Volunteer

☐ Other: _____

When did the alleged conduct first happen?

Did the alleged conduct happen more than once? ☐ Yes (If 'Yes', provide known dates) ☐ No

When did the alleged conduct last happen?

Where did the alleged conduct happen? (Please select all that apply)

☐ At School ☐ At a School Activity/Event ☐ During School Hours ☐ During Remote Learning

☐ Using School Technology ☐ Near School/Off School Grounds

☐ Other (please describe):

Were there any witnesses to the alleged conduct?

☐ Yes (If 'Yes', please provide names/contact information) ☐ No

Did the alleged conduct involve any of the following?

☐ **Non Consensual Sexual Penetration** (vaginal, anal, or oral with a body part or object)

☐ **Sexual conduct where Complainant is incapable of giving consent** due to age or temporary or permanent mental or physical incapacity

☐ **Non Consensual Sexual Contact** (intentional touching of the clothed or unclothed body parts without consent of the victim for the purpose of sexual degradation, sexual gratification, or sexual humiliation **OR** forced touching by the victim of the actor's clothed or unclothed body parts, without consent of the victim for the purpose of sexual degradation, sexual gratification, or sexual humiliation.)

☐ **Incest** (nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law)

☐ **Statutory Rape** (nonforcible sexual intercourse with a person who is under the statutory age of consent)

☐ **Quid Pro Quo Harassment** (an employee of the District conditioning the provision of a District aid, benefit, or service on a person's participation in sexual conduct)

☐ **Hostile Environment Harassment** (unwelcome sex-based conduct that is sufficiently severe, pervasive, and objectively offensive that it effectively denies a person's equal access to the District's education programs or activities [i.e., creates a hostile environment])

☐ **Dating Violence** (violence by a person who has or has been in a social relationship of a romantic or intimate nature with the alleged victim)

☐ **Domestic Violence** (felony or misdemeanor crimes of violence between people in or who have been in a legally recognized domestic relationship)

☐ **Stalking** (a course of conduct based on sex and directed at a specific person that would cause a reasonable person to fear for their safety or the safety of others or suffer substantial emotional distress)

Have you brought this matter to the attention of any person at the District? If so, please list the name(s) of all other persons with whom you have discussed this matter and the date of the report(s):

Describe any impact or harm resulting from the reported conduct:

(Use additional pages, if necessary)

Which Title IX process are you starting with the submission of this form?

☐ Formal Investigation Process

☐ Informal Resolution (If selecting Informal Resolution, please list proposed terms, if you have decided terms at this time. If no terms are provided, the Title IX Coordinator will reach out to you)

For complaint filed by the alleged victim (“Complainant”) or a minor Complainant’s parent/guardian: I certify that to the best of my knowledge, the preceding is true and correct:

Signature

Date

For complaint signed by the Title IX Coordinator on behalf of the institution: I certify that to the best of my knowledge, the preceding is true and correct:

Signature

Date