CAMBRIDGE PUBLIC SCHOOLS
EMPOWERING STUDENT EXCELLENCE

Title IX Formal Complaint Form for Students

A student or their parent/guardian/caregiver desiring to pursue a Formal Complaint of Title IX discrimination or harassment and requesting review under the Cambridge Public Schools' Title IX/Sexual Misconduct Policy are encouraged to complete this form and submit it to the CPS Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination or harassment. This form should only be used for formal complaints alleging sex-based discrimination, harassment, and/or violence prohibited by Title IX and as outlined in the Title IX/Sexual Misconduct Policy. This form should be completed to the extent possible, and must be signed by the student and/or parent/guardian. The submission of this form to the Title IX Coordinator initiates a Title IX investigation.

Name of person filling out this Complaint Form: _____
Relationship to Complainant: (check one) ☐ Self ☐ Parent/Guardian/Caregiver

Your contact information:

Home address: _____

Email address: _____ Phone: _____

Student/Complainant information:

School: _____

Grade: _____ Date of Birth: _____

Please provide as much information as possible below, regarding your complaint:

1. Name of person(s) you believe committed the offense(s) against you/your student and, if applicable, how you know the person(s):

2. Nature of Grievance: Please describe the action and/or conduct that you believe may be sex-based discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify any person(s) you believe may be responsible. Please attach additional sheets, if necessary.

3. When and where did the action and/or conduct described above occur?

4. Were there any witnesses to this action/conduct? (check one) ☐ Yes ☐ No
   If yes, please identify the name and contact information for all witnesses.

5. Have you discussed this matter with any of the witnesses identified in Question 4?
   (check one) ☐ Yes ☐ No
   If yes, please identify the name of the person(s) who you communicated with, the date(s) on which the communication occurred, and the method(s) of communication.

6. Have you spoken to any CPS administrator or other CPS employees about this matter?
   (check one) ☐ Yes ☐ No
   If yes, please identify the name of the person(s) who you communicated with, the date(s) on which the communication occurred, and the method(s) of communication.

Please attach any additional information or documentation that you believe is relevant to your complaint.

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The information provided in this complaint is true and correct to the best of my knowledge. I hereby request that the Cambridge Public Schools investigate this complaint pursuant to the District's Title IX/Sexual Misconduct Policy.

Signature of Complainant	Date
Signature of Parent/Guardian (if submitted on behalf of a minor)	Date

Please mail or email the completed form to:

Hilary Detmold
Director of Compliance & Title IX Coordinator
135 Berkshire Street
Cambridge, MA 02141
hdetmold@cpsd.us

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Title IX Coordinator
Formal Complaint received by:

Signature of Title IX Coordinator	Date
Print Name	