



Title IX Complaint Form

Please complete this form (in legible print) and return it to the Title IX Coordinator.

COMPLAINANT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Check one:

Student School: _____

Grade: _____

Employee School/Department: _____

Position: _____

Other Describe: _____

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE REGARDING YOUR COMPLAINT BELOW.

1. What is/are the name(s) of the person/people who your complaint is against? _____

2. How do you know the person(s) (ex: classmate, supervisor, teacher, co-worker, etc.)? _____

3. Describe the action and/or conduct that served as the basis of this complaint and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary.

4. When and where did the actions described above occur?

5. Are there any witnesses? If yes, please identify the name and contact information and their relationship to you.

6. Did you discuss this matter with any of the witnesses identified above? 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.

7. Have you spoken to any school employee(s) about this matter? 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.

8. Is there anything else you would like us to know?

PLEASE ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTATION WHICH YOU BELIEVE IS RELEVANT TO YOUR COMPLAINT.

I certify that the information provided in this complaint is true and correct to the best of my knowledge. I understand it is a violation of School Board Policy and the Code of Student Conduct to provide false statements. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the school deems relevant and/or necessary to investigate this matter.

Signature: _____

Date: _____

(If minor, signature of parent/guardian)

Print Name: _____

If parent/guardian, print name of student: _____

Signature of Title IX Coordinator: _____

Date: _____