



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 (Describe: _____)

Address: _____

Email: _____

Phone: _____

Student/Employee ID: _____

Who is the Alleged Victim ("Complainant")?

Is Reporting Party Alleged Victim?: ☐ Yes ☐ No. If no, complete info about the alleged victim:

Alleged Victim's Name(s): _____ Grade(s): _____
(if student)

Affiliation with District: ☐ Student ☐ Employee ☐ Parent ☐ Volunteer
☐ Other (Describe: _____)

Minor(s)? ☐ Yes ☐ No

School: _____

Student ID: _____

Who is the Alleged Perpetrator (“Respondent”)?

Alleged Perpetrator's
Name(s): _____

Grade(s): _____
(if student)

Affiliation with District: ☐ Student ☐ Employee ☐ Parent ☐ Volunteer
☐ Other (Describe: _____)

Minor(s)? ☐ Yes ☐ No

Part IV: Allegations

What is Alleged
to have happened?

(Use additional pages
if necessary)

When Did Conduct First
Happen?

Did It Happen More Than ☐ Yes ☐ No. If yes, provide known dates.
Once?

When Did Conduct Last
Happen?

Where Did It Happen? ☐ At School ☐ At a School Activity ☐ During School Hours
(Check all that ☐ Using School Technology ☐ During Remote Learning
apply) ☐ Near School ☐ Other. If “other” is checked, describe where:

Were There Any Witnesses? ☐ Yes ☐ No. If yes, provide names/how to contact witnesses.

Did the Conduct Involve Any of the Following?

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Nonconsensual sexual penetration (vaginal, anal, or oral, including with an object) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Sexual conduct where the victim is incapable of giving consent because of age or temporary or permanent mental or physical incapacity |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Fondling (nonconsensual touching of private body parts above or under clothing for sexual gratification) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Incest (nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Statutory Rape (nonforcible sexual intercourse with a person who is under the statutory age of consent) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 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) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 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]) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 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) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Domestic Violence (felony or misdemeanor crimes of violence between people in or who have been in a legally recognized domestic relationship) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 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:

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