

Title IX Discrimination Formal Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on the sex of students in educational institutions that receive federal financial assistance. When the form has been completed and signed by a Complainant or the Title IX Coordinator, the alleged sexual harassment will be investigated by the District. A copy of this completed form, as well as information about the District's Title IX grievance process will be provided to the Complainant and Respondent.

- **Complainant**: An individual who is alleged to be the victim of sexual harassment.
- **Respondent**: An individual who is alleged to be the perpetrator of sexual harassment.
- **Formal Complaint**: A document filed by a Complainant (or parent/guardian) or signed by the Title IX Coordinator alleging sexual harassment against a Respondent and requesting that the District investigate the allegation.

COMPLAINANT PERSONAL INFORMATION (Please Print):

Name:		
Email:		
Home Address		
City	State	Zip code
Phone Numbers: (Cell)	Work	
Student ID:	Campus:	
Type of Complaint:		
 Discrimination based on: (Check all that ap □ Sexual Harassment □ Sexual Assault □ Stalking □ Retaliation □ Cyber Bullyi 	□ Gender Based Har	rassment 🛛 Dating Violence
Date Incident Occurred:		
Earliest		
Latest		
Continuing Action		
RESPONDENT INFORMATION: Please harassment/prohibited conduct:	e list the individual(s) alleged to have engaged in sexual
Name:		
School/Department:		
Name:		
School/Department:		



Name:
School/Department:
Name:
School/Department:

Informal Resolution: Are you interested in the district's voluntary resolution process?

(Please Circle) Yes No

Nature of Complaint: Please specifically describe your complaint against the named person(s) in the previous section, including how the person(s) sexually harassed you, assaulted you, or retaliated against you. Please describe the behavior, comments, or incidents that caused you to file your complaint. (Identify: Who, What, When, and Where)

Please attach additional sheets, if necessary.



Were there any witnesses to this matter?

(Please Circle) Yes No		
If yes, please identify witnesses to the incident(s) of	or those who have knowledge of the incident(s). Please	
attach additional names if needed.		
1. Name:	Relationship to you:	
Phone Number: Email:		
2. Name:	Relationship to you:	
Phone Number: Email:		
3. Name:	Relationship to you:	
Phone Number: Email:		
Did you discuss this matter with any of the with	esses previously identified? (Please circle) Yes No	
1. Name: Date:		
Method of Communication:		
2. Name:	Date:	
Method of Communication:		
3. Name: Date:		
Method of Communication:		
have reported your concerns:	ployees, or law enforcement agency to whom youDate:	
Describe how concerns were reported:		
□ Reported in person □ Email □ Phone Call		
Results:		
Describe how concerns were reported:		
□ Reported in person □ Email □ Phone Call	□ Related to another school incident	
Results:		
I certify the aforementioned is true and correct.		
Complainant signature	Date	
Complaint taken by:		
Title IX Coordinator/designee	Date	

Title IX Coordinator/designee