Title IX Discrimination Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination on the basis of sex in the programs or activities of educational institutions which receive federal financial assistance. When this form has been completed and signed by you, and then signed by the Title IX Coordinator and/or Designee, your complaint has been properly received and noted by the District. We will provide you with a copy of this form as well as complete information about the Title IX complaint process. If you require emergency assistance, please call security at: _______________________.

The District investigates complaints by or on behalf of students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.

I am filing this complaint on behalf of: □ yourself □ your child or a (student) □ another student □ a group

Name

School Principal’s Name

Address:

City: Zip:

Phone: Email Address:

Employee ID: Student ID:

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.

Type of Complaint
Check all that apply (✓)

□ Bullying
□ Cyber bullying
□ Gender Discrimination
□ Gender Inequity
□ Sexual Harassment
□ Sexual Assault
□ Sexual Misconduct
□ Stalking
□ Rape
□ Retaliation
□ Relationship/Domestic/Dating Violence
Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

List the name of the individuals involved in the incident(s) complained of:

Describe the location where the incident(s) occurred:

Please list all the date(s) and times when the incident(s) occurred or when the alleged acts first came to your attention:

Describe any harm suffered as a result of the incident(s) described above:
Describe the proposed remedy that is being requested:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any witnesses to the incident(s):

1. Telephone

2. Telephone

3. Telephone

I certify that, to the best of my knowledge, the foregoing information is true and correct

Your signature ____________________________ Date ____________

For the Title IX Coordinator and/or Designee

Complaint taken by

Signature ____________________________ Print Name ____________________________ Date ____________