



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 (FFH – Regulation 2), 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: _____

Employee ID: _____ Job Title: _____

Employee’s School/Office Location: _____

Type of Complaint:

Discrimination based on: (Check all that apply)

- Sexual Harassment Sexual Assault Gender Based Harassment Dating Violence
- Stalking Retaliation Cyber Bullying Other

Date Incident Occurred:

Earliest _____

Latest _____

- Continuing Action

RESPONDENT INFORMATION: Please list the individual(s) alleged to have engaged in sexual harassment/prohibited conduct:

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 or No

Were there any witnesses to this matter? (Please Circle) Yes No

If yes, please identify witnesses to the incident(s) or those who have knowledge of the incident(s). Please attach additional names if needed.

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Did you discuss this matter with any of the witnesses previously identified? (Please circle) Yes No

Name: _____ Date: _____

Method of Communication: _____

Please identify any administrators, District employees, or law enforcement agency to whom you have reported your concerns:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

I certify the aforementioned is true and correct.

Your signature

Date

Complaint taken by:

Title IX Coordinator/designee

Date