

**Title IX Complaint Form**  
Human Resources

This form shall be filed by a Complainant to request that the District investigate an allegation that the Complainant was a victim of conduct that could constitute sexual harassment under the District's Title IX policy, or signed by the Title IX Coordinator when the alleged conduct interferes with the school district's ability to provide a safe and non-discriminatory environment.

**Complainant's Information**Name: \_\_\_\_\_ Status: ☐ Employee ☐ Student ☐ Applicant

Home Address: \_\_\_\_\_ Personal Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If Employee**

Title: \_\_\_\_\_ Building: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

**If Student**

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Building: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone No.: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**If Applicant**

Position Applied For: \_\_\_\_\_ Date of Employment Application: \_\_\_\_\_

What type of sexual harassment complaint are you making? (check the appropriate number):

- ☐ 1. Quid pro quo harassment by a District employee in which the employee conditioned the provision of an aid, benefit, or service of the school district on your participation in unwelcome sexual conduct;
- ☐ 2. Unwelcome conduct of a sexual nature that a reasonable person would find so severe, pervasive, and objectively offensive that the conduct effectively denies you equal access to the school district's educational program; or
- ☐ 3. Sexual assault, dating violence, domestic violence, or stalking as defined under federal law.

What is the Name and contact information, if known, of the alleged harasser/perpetrator (Respondent):

\_\_\_\_\_

Is the Respondent a student, employee, or other? \_\_\_\_\_

Describe in detail the Respondent's conduct that you allege constitutes sexual harassment in violation of Title IX  
(Be as specific as possible and state all facts, including witness names):

If there was more than one incident, describe the Date / Time / Location / Event of each incident:

Contact information of Witnesses to incident (name/phone/email address):

- 1.
- 2.
- 3.

Have you shared details of the incident with anyone else? ☐ Yes ☐ No

If yes, with whom? \_\_\_\_\_

### **Verification by Complainant**

I allege that I was the victim of sexual harassment perpetrated by the Respondent, identified above, and I wish to file this FORMAL COMPLAINT to request that the school district investigate this allegation of sexual harassment. I acknowledge that, at the time of filing this Title IX Complaint, I am participating in or am attempting to participate in the school district's program or activity.

I understand that the details contained in this Form will be shared with the Respondent. If the Formal Complaint does not meet the requirements for a Title IX Complaint, it will be dismissed for purposes of Title IX, but will be assessed to determine if further action under a different Board Policy is required.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if Complainant is under 18)

\_\_\_\_\_  
Date

### **Signature of Title IX Coordinator**

As the Title IX Coordinator for the school district:

☐ I received this Formal Complaint from \_\_\_\_\_ on \_\_\_\_\_

**OR**

☐ I am signing this Formal Complaint alleging sexual harassment perpetrated by the Respondent, identified above, and I authorize the school district to investigate this allegation of sexual harassment.

\_\_\_\_\_  
Title IX Coordinator's Signature

\_\_\_\_\_  
Date