## **Title IX Discrimination Complaint Form**

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. When the form has been completed and signed by you, and then signed by the Title IX Coordinator or a Deputy, 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.

I am filing this complaint as a: check one: (√) □ Student	□ Anonymous	□ Faculty	□ Staff
Name			
Department (if applicable)		School (if applicable)	
Work Phone.		Home Phone	
Work Address			
Home Address			
Employee ID		Student ID	

Have you brought this matter to the attention of any other staff from 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 Harassment

 Sexual Assault

 Sexual Misconduct

 Stalking

 Rape

 Retaliation

 Retaliation

 Relationship Violence

Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, coworker, faculty, customer.

Describe the corrective action you are seeking. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you:

Witnesses (The relationship information requested means co-worker, supervisor, customer, faculty, etc.)

 1.
 Relationship
 Telephone

 2.
 Relationship
 Telephone

 3.
 Relationship
 Telephone

 I certify the aforementioned is true and correct.

 Your signature
 Date

Parent Signature

For the Title IX Coordinator and/or Designee

Complaint taken by

Signature

Date

Date