

Title IX Complaint Form/To Be Provided to Title I Coordinator

Report filed by: **Victim** **Third Party** **Anonymous**

Complainant Information

Check one: **Student** **Employee** **Staff** **Other** _____

Name: _____ Social Security Number: _____

(If a student) Grade _____ Age _____

Gender: _____ Race: _____

Local Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

(If an employee) Position _____

Type of Complaint (check that all apply)

- Age
- Bullying (Cyber-bullying)
- Disability
- Gender
- Sexual Assault
- Domestic Violence
- National Origin
- Race
- Retaliation
- Religion
- Sexual Harassment
- Unwelcome Sexual Conduct
- Sexual Misconduct
- Sexual Orientation
- Stalking
- Medical Condition
- Dating Violence

Respondent Information (Person you believe to be responsible for the alleged act)

Name: _____ Gender: _____ Race: _____

The respondent is: Student Staff Other _____

(If an employee) Position: _____

Your relationship to respondent (if any): _____

Date of alleged incident _____ Time of alleged incident _____ Location _____

Witnesses

Witness 1	Relationship	Phone
Witness 2	Relationship	Phone
Witness3	Relationship	Phone

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Has this incident been reported to anyone?

Yes No if yes, provide the following:

Contact Person: _____ Phone: _____

Was the incident reported to law enforcement: Yes No If yes, what agency? _____

Describe in detail your complaint (attach additional sheets if necessary)

**Describe your feelings when the incident happened and the correction action you are seeking
(Attach additional sheets if necessary)**

Complainant Certification

I certify that this information is true.

Signature of Complainant

Date

For School Use Only

Complaint taken/received by:

Signature of Representative

Date