

**PURPOSE:** The purpose of the Title IX formal complaint process is to inform the District of allegations of sexual harassment, sexual violence and sex discrimination in violation of Title IX of the Education Amendments of 1972 ("Title IX") so that the District may take appropriate action.

**INSTRUCTIONS:** Individuals alleging Title IX sexual harassment and requesting a review are required to complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged harassment.

Name of Complainant:			
ome Address	City/State/Zip	Home Phone	
hool:	Grade:		
Name of Respondent:			
sexual violence, in violation	of Title IX and identify with reasonable pa dditional sheets, if necessary:	rticularity any person(s) you belie	•
When did the actions descr	ibed above occur?		
•	· ·	Yes No	)
	Name of Respondent:  Nature of Grievance: Please sexual violence, in violation responsible. Please attach a  When did the actions descr	Name of Respondent:  Nature of Grievance: Please describe the action(s) you believe may be sexual violence, in violation of Title IX and identify with reasonable pa responsible. Please attach additional sheets, if necessary:	Name of Respondent:  Nature of Grievance: Please describe the action(s) you believe may be sexual harassment, including comes sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe responsible. Please attach additional sheets, if necessary:  When did the actions described above occur?  Are there any witnesses to this matter? (Please circle)  Yes Notes

6. Did you discuss this matter with (Please circle) Yes	any of the witnesses iden No	ntified in Item 5?	
(Please Circle) 1es	NO		
If yes, please identify:			
Person to whom you have spoken:_		Date:	
Method of communication:			
7. Have you spoken to any adminis matter? (Please circle)	strator(s) or other District s	staff member(s) about this No	
If yes, please identify:			
Person to whom you have spoken:_		Date:	
Method of communication:			
8. Please describe below or attach	any sources of information	on that you feel are relevant to your complaint:	
I certify that the foregoing informat	ion is true and correct.		
Print Name	Signature	 Date	