**Title IX Discrimination Formal Complaint Form**

When the form has been completed and singed 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.

* **Complaint: A student who is alleged to be the victim of sexual Harassment.**
* **Respondent: A student who is alleged to be the perpetrator of sexual harassment.**

**COMPLAINANT PERSONAL INFORMATION:**

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Home Address Click or tap here to enter text.

City Click or tap here to enter text. State Click or tap here to enter text. Zip code Click or tap here to enter text.

Phone Numbers:Click or tap here to enter text. (Cell) Work Click or tap here to enter text.

Student ID:Click or tap here to enter text. Campus: Click or tap here to enter text.

Employee ID:Click or tap here to enter text. Job Title: Click or tap here to enter text.

Employee’s School/Office Location: Click or tap here to enter text.

**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 Click or tap here to enter text.

Latest Click or tap here to enter text.

Continuing Action

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

Name: Click or tap here to enter text.

School/Department: Click or tap here to enter text.

Name: Click or tap here to enter text.

School/Department: Click or tap here to enter text.

Name: Click or tap here to enter text.

School/Department: Click or tap here to enter text.

Name: Click or tap here to enter text.

School/Department: Click or tap here to enter text.

**Informal Resolution:** Are you interested in the district’s voluntary resolution process?

Yes or No

**Nature of Complaint:** Please specifically describe your complaint against the named person(s) in the previous section, including how the person(s) sexually harassed you, assaulted you, or retaliated against you. Please describe the behavior, comments, or incidents that caused you to file your complaint. (Identify: Who, What, When, and Where)

Click or tap here to enter text.

Please attach additional sheets, if necessary.

**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: Click or tap here to enter text. Relationship to you: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.Email: Click or tap here to enter text.

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Phone Number: Click or tap here to enter text.Email: Click or tap here to enter text.

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

Name: Click or tap here to enter text. Date: Click or tap here to enter text.

Method of Communication: Click or tap here to enter text.

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

Reported to (Name): Click or tap here to enter text. Date: Click or tap here to enter text.

Describe how concerns were reported:Click or tap here to enter text.

Results:Click or tap here to enter text.

Reported to (Name): Click or tap here to enter text. Date: Click or tap here to enter text.

Describe how concerns were reported: Click or tap here to enter text.

Results: Click or tap here to enter text.

*I certify the aforementioned is true and correct.*

Click or tap here to enter text. Click or tap here to enter text.

Your signature Date

Complaint taken by:

Click or tap here to enter text. Click or tap here to enter text.

Title IX Coordinator/designee Date