

Document 13 – Title IX Formal Complaint Form

TITLE IX SEX DISCRIMINATION FORMAL COMPLAINT FORM

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on sex in the programs or activities of educational institutions which receive federal financial assistance. **When this form has been completed and signed by you, the Title IX Coordinator, or their Designee, the District has received the complaint.** Once a formal complaint is on file with the District, the District must provide the names of all known parties to the alleged perpetrator (respondents) and the details of the allegations. If you require further assistance, contact the Title IX Coordinator using the contact information available on the District's website.

Who is Filing the Complaint?

Name: _____ Grade: _____
Affiliation with District: ☐ Student ☐ Employee ☐ Parent ☐ Volunteer
☐ Other (Describe: _____)
Address: _____
Email: _____
Phone: _____
Student/Employee ID: _____

Who is the Alleged Victim ("Complainant")?

Is Reporting Party Alleged Victim? ☐ Yes ☐ No. If no, complete info about the alleged victim:
Alleged Victim's Name(s): _____ Grade(s): _____

(if _____
students) _____
Affiliation with District: ☐ Student ☐ Employee ☐ Parent ☐ Volunteer
☐ Other (Describe: _____)
Minor(s)? ☐ Yes ☐ No
School: _____
Student ID: _____

Who is the Alleged Perpetrator ("Respondent")?

Alleged Perpetrator's Name(s): _____ Grade(s): _____

(if _____
students) _____
Affiliation with District: ☐ Student ☐ Employee ☐ Parent ☐ Volunteer
☐ Other (Describe: _____)
Minor(s)? ☐ Yes ☐ No

Part IV: Allegations

What is Alleged _____
to have happened? _____
(Use additional pages _____
if necessary) _____

When Did Conduct First Happen? _____
Did It Happen More Than Once? ☐ Yes ☐ No. If yes, provide known dates.

When Did Conduct Last Happen?

Where Did the Conduct Happen?

(Check all that apply)

- ☐ At School ☐ At a School Activity ☐ During School Hours
☐ Using School Technology ☐ During Remote Learning
☐ Near School ☐ Other. If "other" is checked, describe where:

Were There Any Witnesses?

- ☐ Yes ☐ No. If yes, provide names/how to contact witnesses.

Did the Conduct Involve Any of the Following?

- ☐ Yes ☐ No **Nonconsensual sexual penetration** (vaginal, anal, or oral, including with an object)
- ☐ Yes ☐ No **Sexual conduct where the victim is incapable of giving consent** because of age or temporary or permanent mental or physical incapacity
- ☐ Yes ☐ No **Fondling** (nonconsensual touching of private body parts above or under clothing for sexual gratification)
- ☐ Yes ☐ No **Incest** (nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law)
- ☐ Yes ☐ No **Statutory Rape** (nonforcible sexual intercourse with a person who is under the statutory age of consent)
- ☐ Yes ☐ No **Employee Quid Pro Quo** (an employee conditioning an educational aid or benefit to or for a student on the student's participation in sexual conduct)
- ☐ Yes ☐ No **Dating Violence** (violence by a person who has or has been in a social relationship of a romantic or intimate nature with the alleged victim)
- ☐ Yes ☐ No **Domestic Violence** (felony or misdemeanor crimes of violence between people in or who have been in a legally recognized domestic relationship)
- ☐ Yes ☐ No **Stalking** (a course of conduct based on sex and directed at a specific person that would cause a reasonable person to fear for their safety or the safety of others or suffer substantial emotional distress)

Have you brought this matter to the attention of any person at the District? If so, please list the name(s) of all other persons with whom you have discussed this matter and the date of the report(s):

Describe any impact or harm resulting from the reported conduct:

For complaint filed by the alleged victim ("complainant") or a minor complainant's parent/guardian: I certify that to the best of my knowledge, the preceding is true and correct:

Signature

Date

For complaint signed by the Title IX Coordinator on behalf of the institution: I certify that to the best of my knowledge, the preceding is true and correct:

Signature

Date