TITLE IX COMPLAINT FORM

Your Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Date of Alleged Incident(s): _____

Name of Person(s) you have a complaint against: _____

List any witnesses that were present: _____

Where did the incident(s) occur?

_____

Please describe the events or conduct that are the basis of your complaint by providing as much factual detail as possible (i.e., specific statements and conduct; what, if any, physical contact was involved; any verbal statements; etc.) (Attach additional pages, if needed):

_____

_____

_____

_____

I hereby authorize the school to disclose the information I have provided as it finds necessary in pursuing its investigation. I hereby certify that the information I have provided in this complaint is true and correct and complete to the best of my knowledge and belief. I further understand that providing false information in this regard could result in disciplinary action up to and including termination or expulsion from the School.

_____ Date: _____

Signature of Complainant

_____

Print Name

<u>To be Completed by the School</u>:

Received by: _____ Date: _____

Follow up meeting with complainant held on: _____