

MODEL 2024 TITLE IX COMPLAINT FORM

[PLACE ON DISTRICT LETTERHEAD]

A Title IX Complaint is a request to the District that objectively can be understood as a request for the District to investigate and make a determination about alleged sex discrimination, including sex-based harassment, under Title IX. A Complaint can be made by the Complainant or the Title IX Coordinator. A parent, guardian, or other authorized legal representative with the legal right to act on behalf of a Complainant also may file a Complaint. The Complainant is a student or employee who is alleged to have been subjected to conduct that could constitute sex discrimination under Title IX, or a person other than a student or employee who is alleged to have been subjected to conduct that could constitute sex discrimination under Title IX and who was participating or attempting to participate in the District’s education program or activity at the time of the alleged sex discrimination. For complaints of sex discrimination other than sex-based harassment, the following individuals also may make a Complaint: any student or employee; or any person other than a student or employee who was participating or attempting to participate in the District’s education program or activity at the time of the alleged sex discrimination.

*A Complaint can be oral or in writing. This form is available for submitting a written Complaint but is not required. The Complaint may be filed with the Title IX Coordinator at **[insert name(s), position(s), address(es), telephone number(s), and email address(es)]**. **[Also include if applicable: Or by District online portal at [insert website link].]***

Date: _____

Complainant Name: _____

Student Parent/Guardian Employee Other (please specify): _____

If a student, specify school and grade: _____

If a parent/guardian or other, provide contact information: _____

Person(s) who are the alleged victim(s) of the alleged conduct:

Name: _____
Name: _____

School: _____ Grade: _____
 Student Staff Other _____

Person(s) who are accused of the alleged conduct:

Name: _____
Name: _____

Student Staff Other _____
 Student Staff Other _____

Person(s) who witnessed or have knowledge of the alleged conduct:

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Approximate date(s) and time(s) of the alleged conduct: _____

Location(s) of the alleged conduct: _____

Description of the alleged conduct, including any related evidence (may use reverse side and/or additional pages if needed): _____

By completing and signing this form, I attest that the information provided is true and accurate to the best of my knowledge.

Complainant Signature: _____ **Date:** _____

Title IX Coordinator Signature: _____ **Date:** _____
Only if the Title IX Coordinator is signing the Complaint.