

Title IX Complaint Form

Please use this form to report an allegation of sexual misconduct or retaliation, or sex/gender discrimination, all of which are prohibited by Title IX. This form is meant for use by students, parents or guardians, and members of the public.

You may report an allegation anonymously if you choose. Our ability to properly investigate an allegation depends on the information provided, so please provide us with as much information as you are able to.

We are not able to guarantee that your report will remain confidential. In certain instances, we may be required to disclose it by law.

YOUR RESPONSES TO ALL THE QUESTIONS LISTED BELOW ARE OPTIONAL. You do not need to answer every question to submit the form. If you have any questions, please call our office at 618-439-7231 or email bwebb@fjssped.org.

Title IX Coordinator: **BRITTANIA WEBB, SUPERVISOR**
bwebb@fjssped.org
618-439-7231

SECTION 1: WHO IS FILLING OUT THIS FORM?

Name of Complainant: _____

Email Address: _____ **Phone Number:** _____

May we contact you for further information?

Yes

No

SECTION 2: WHAT HAPPENED?

Can you tell us what happened? _____

When and where did the actions described above happen? _____

Does evidence exist that you would be willing to share? (e.g. texts, photos, emails, videos)? If so, please keep these materials. _____

Did anyone witness the actions described above? If yes, please identify the witnesses.

Yes. _____
 No

Have you discussed this matter with anyone? If yes, please identify who you have spoken with.

Yes. _____
 No

SECTION 3: WHO DO YOU BELIEVE CAUSED THE HARM?

What is the name of the person who you believe caused the harm?

If they are a student or staff member, what school do they attend or work at?

If the person is a student, what grade are they in? _____

If the person is a staff member, what is their role (e.g. teacher, principal, or coach) at the school?

SECTION 4: DO YOU HAVE ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE?

Is there anything else you would like us to know? _____

Print Name

Date

Signature

TO BE COMPLETED BY TITLE IX COORDINATOR

Signature Acknowledging Receipt

Receipt Date