

Wendell School District 232
150 E Main St.
Wendell, ID 83355

PURPOSE: This form should be used to report conduct that could constitute sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 (“Title IX”), and as defined in Board Policy 296P1, in order to ensure prompt and equitable resolution of such complaints. This form **only applies** to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination. When this form has been completed and signed by a Complainant or the Title IX Coordinator, the alleged sex discrimination, including sexual harassment or sexual violence, will be investigated by the District in accordance with Board Policy 296P1. A copy of this completed form, as well as information about the District’s Title IX grievance process, will be provided to the Complainant and Respondent.

TITLE IX COORDINATOR: [name]
Phone number
Email address
Address

1. Complainant Information.

Name of Complainant _____ School _____

Address _____

Student Grade (if complainant is a student) _____

Employee school and position (if complainant is an employee) _____

2. Respondent Information.

Name of person(s) whose conduct is complained of _____

Student Grade and school (if respondent is a student) _____

Employee school and position (if respondent is an employee) _____

3. Nature of Grievance.

Date(s) and time(s) of alleged sexual harassment or incidents _____

Place(s) where conduct occurred (could include school or at home if conduct includes online/electronic mail/social media conduct)_____

Describe the conduct/incident(s)_____

4. Witnesses.

Identify any witnesses to the conduct/incident(s) (include name, phone number and email, if known, and the relationship of the witness to you)_____

5. Response to Conduct.

What action, if any, did you take to respond to the conduct/incident(s) (include name(s) of witnesses or school personnel you talked to, the date(s) of such communication, and the method(s) of communication)_____

Describe the result of the action(s) and communication(s) described above_____

6. Prior Conduct.

Identify other incidents, if any, with this person, including the date(s), time(s), and place(s) of the incident and describe the conduct/incident(s)_____

PLEASE ATTACH ANY STATEMENTS, REPORTS OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

Signature of complainant_____ Date_____

Signature of Parent/Guardian_____ Date_____

FOR SCHOOL DISTRICT USE:

Complaint taken by (Print Name)_____ Date_____

Position:_____



LEGAL REFERENCE

ADOPTED: March 19, 2024

AMENDED: