



Formal Complaint Form

Name _____ Date _____

Address _____
(Street) (City) (State) (Zip)

Phone: _____ Email: _____
(Home) (Work) (cell)

Status of person filing complaint ____ Student ____ Employee ____ Parent ____ Other

Filing complaint alleging ____ sexual harassment ____ harassment ____ discrimination ____ bullying on the basis of:

Statement of complaint (include type of offending conduct, the specific incident(s), individual(s) involved (including witnesses), potential sources of evidence (such as video footage), and active date(s) on which it occurred [please use additional sheets if necessary]):

Signature of person filing complaint: _____

Date complaint filed: _____

Signature of person receiving complaint: _____

Date received: _____

Submit all copies to the District's Title IX Coordinators or their respective administrative assistants. The person receiving the complaint will sign and date the complaint. One copy will be returned to the person filing the complaint, one copy will be sent to the Complainant, if a different person, one copy will be sent to the Superintendent. This form will be retained in accordance with the District's records retention schedule.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.