

Title IX Complaint Form

1. Name of person filing compla	int:		
Email:			
Street Address:			
City:	Zip C	ode: Phone:	
2. What do you believe was the Check one or more	reason for the c	discriminatory or harassing tre	atment?
☐ Race or Color ☐ Religion	☐ Disability	☐ Sex/Gender/Orientation	□ National Origin
☐ Age ☐ Other:			
3. Check one and provide inform	nation:		
☐ Student	Where:		Grade:
☐ Employee Where:	School or De	School Position partment	:
 Have you filed this complaint If yes, agency and date filed 	<u>=</u>		
5. Were there any witnesses? [⊒ Yes □ No		
6. Explain the discriminatory or hexplain how and why it discrir you may attach more informa	ninates. A short	statement in your own words	
7. Witness(es) Name			
Witness(es) Name Witness(es) Name			
Witness(es) Name			
With my signature, I swear or aff my knowledge and belief.	îrm that the abo	ove and/or attached complain	nt is true to the best of
Signature (Person Filing Com	 plaint)		 Date