



TITLE IX FORMAL COMPLAINT

If you believe you are the victim of sexual harassment, please complete this form, sign, and submit to your school's Title IX Coordinator in person, email, or mail. The contact information for the Coordinator is listed below.

Your Name: _____

Date(s) the alleged sexual harassment took place: _____

Specific location(s) of the incident: _____

The person alleged to have committed sexual harassment is called the "respondent." Please provide them the name(s) of the person or people you allege to be the respondent(s) responsible for the alleged sexual harassment. If applicable, please include the person's title or position.

Please provide the names and contact information of any witnesses to the alleged conduct.

Please list any relevant evidence to your allegations. This could include audio or visual media, physical objects, online materials, text messages, voicemail messages, screen captures, emails, or any other item you are attaching to make available for the purpose of this complaint.

Signature of Complainant: _____ Date: _____

If the complaint is being filed and submitted by a guardian or Title IX Coordinator:

Signature: _____ Date: _____