

**TITLE IX FORMAL COMPLAINT
FORM**

PURPOSE: The purpose of the Title IX grievance procedures is to secure prompt and equitable resolutions of complaints based on sexual harassment, sexual violence and sex discrimination, including discrimination based on gender identity or expression or failure to conform to stereotypical notions of masculinity or femininity in violation of Title IX of the Education Amendments of 1972 ("Title IX") and violation of Academy policies that prohibit these types of discrimination. These procedures apply **only** 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 School Leader or Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination:

1. **Name of Complainant:** _____

Home Address

City/State/Zip

Home Phone

School: _____ **Grade:** _____

2. **Nature of Grievance:** Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

3. **When did the actions described above occur?**

4. **Are there any witnesses to this matter?** (Please circle) **Yes** **No**
If yes, please identify the witnesses:



5. Did you discuss this matter with any of the witnesses identified in Item 4?
(Please circle) Yes No

If yes, please identify:

Person to whom you have spoken: _____ Date: _____

Method of communication:

6. Have you spoken to any administrator(s) or other Academy staff member(s) about this matter? (Please circle) Yes No

If yes, please identify:

Person to whom you have spoken: _____ Date: _____

Method of communication:

7. Please describe the result of the discussion(s) identified in Item 6:

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

I certify that the foregoing information is true and correct.

Print Name

Signature

Date

