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 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. **Name of Respondent:**_____

School:_____ **Grade**:_____

3. **Nature of Grievance:** Please provide a detailed description of 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:

_____
_____
_____
_____
_____
_____

4. **When did the actions described above occur? Include date, time and location.**

_____

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

_____

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

If yes, please identify:
Person to whom you have spoken:_____ **Date:**_____
Method of communication:

_____
_____
_____

7. 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:

_____
_____
_____

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

9. Please describe what resolution are you seeking:
_____
_____
_____
_____

I certify that the foregoing information is true and correct.

_____   _____   _____
Print Name   Signature   Date