



Española Public Schools

Striving for Excellence

Title IX Discrimination Formal Complaint Form

Title IX Discrimination Formal Complaint Form Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on the sex of students in educational institutions that receive federal financial assistance. When the form has been completed and signed by a Complainant or the Title IX Coordinator, the alleged sexual harassment will be investigated by the District. A copy of this completed form, as well as information about the District’s Title IX grievance process will be provided to the Complainant and Respondent.

- **Complainant:** A student/employee who is alleged to be the victim of sexual harassment.
- **Respondent:** A student/employee who is alleged to be the perpetrator of sexual harassment.
- **Formal Complaint:** A document filed by a Complainant (or parent/guardian) or signed by the Title IX Coordinator alleging sexual harassment against a Respondent and requesting that the District investigate the allegation.

COMPLAINANT PERSONAL INFORMATION

(Please Print):

Name: _____

Email: _____

Home Address _____

City _____ State _____ Zip code _____

Phone Numbers: (Cell) _____ Work _____

Student ID: _____ Campus: _____

Employee ID: _____ Job Title: _____

Employee’s School/Office Location: _____

Type of Complaint:

Discrimination based on: *(Check all that apply)*

Sexual Harassment **Sexual Assault** **Gender-Based Harassment** **Dating Violence**

Stalking **Retaliation** **Cyber Bullying** **Other:**

Date Incident Occurred:

Earliest _____

Latest _____

On-Going/Continuing Action

RESPONDENT INFORMATION:

Please list the individual(s) alleged to have engaged in sexual harassment/prohibited conduct:

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Informal Resolution:

Are you interested in the district's voluntary resolution process? **(Please Circle)** Yes No

Nature of Complaint: *Please specifically describe your complaint against the named person(s) in the previous section, including how the person(s) sexually harassed you, assaulted you, or retaliated against you. Please describe*

If yes, please identify witnesses to the incident(s) or those who have knowledge of the incident(s). Please attach additional names if needed.

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Did you discuss this matter with any of the witnesses previously identified?

(Please circle) Yes No

Name: _____ Date: _____

Method of Communication: _____

Name: _____ Date: _____

Method of Communication: _____

Please identify any administrators, District employees, or law enforcement agency to whom you have reported your concerns:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

I certify the aforementioned information provided by me is true and correct.

Signature of complainant _____ Date _____

Complaint taken by:

Title IX Coordinator/Designee _____ Date _____