



# Title IX Formal Complaint Form

Today's Date:

<b>Student Last Name:</b>	<b>Student First Name</b>	<b>Student ID Number:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Student Campus</b>	<b>Telephone:</b>
<input type="text"/>	<input type="text"/>

**Student Address (No. and Street)**

<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Dates(s) and Time(s) of alleged incident(s):**

**Name(s) of person or persons you believe sexually harassed or discriminated against you called the "respondent(s)":**

**List any witness name(s) and contact information:**

**List where the incident(s) occurred:**

**Describe the incident(s) as clearly as possible, including such things as: what force or physical contact, if any, was used, any verbal statements such as threats, requests, demands, etc., what response(s) did you give; attach additional pages if more space is needed:**

Was the incident ever reported to, or witnessed by, any other district employee?      Yes      No

**Digital Signatures**

By selecting "Accept" and entering my full I name, I am providing my electronic signature which indicates my receipt and understanding of this information. I understand and agree that my electronic signature is the legal equivalent of my manual signature on this form, carries the same force and effect as my written signature, and I represent that all the information contained in this form is accurate.

This complaint was filed based on my honest belief that \_\_\_\_\_ has sexually harassed and/or discriminated against me and I am requesting an investigation. I hereby verify that the information provided in this complaint is true, correct and complete, to the best of my knowledge and belief.

Date	Student's Name	Accept
<input type="text"/>	<input type="text"/>	

Date	If Complainant is under 18, Parent/Guardian Name
<input type="text"/>	<input type="text"/>