



Title IX Formal Complaint Form

Today's Date:

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

Employee Campus	Telephone:
<input type="text"/>	<input type="text"/>

Employee Address (No. and Street)

City	State	Zip
<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

Employee's Name

<input type="text"/>	<input type="text"/>
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Accept

Date

If Complainant is under 18, Parent/Guardian Name

<input type="text"/>	<input type="text"/>
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