



**CONFIDENTIAL TITLE IX DISCRIMINATION COMPLAINT FORM**

**AFFILIATION**

- Certificated employee
- Classified employee
- Administration
- Employment Applicant
- Student
- Parent/Guardian
- Other. Please explain your affiliation:

**COMPLAINANT:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Home Telephone

**NATURE OF COMPLAINT: (Check one or more)**

- Sexual Orientation
- Sexual Harassment/Workplace Violence
- Gender/Sex
- Other. Please explain:

**PERSON WHO DISCRIMINATED AGAINST YOU:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department



**DESCRIPTION OF COMPLAINT:** Describe your complaint and why you believe this person discriminated/retaliated against you. Explain why you have contact with this individual, e.g. supervisor, co-worker, faculty, customer, etc. Give date(s), time(s), place(s) the discrimination/retaliation occurred. (Attach additional pages as necessary.) **ATTACHMENT:**

**PREVIOUS ACTION:** Have you brought this matter to the attention of any other department(s) at the school? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter. **ATTACHMENT:**

**COMPLAINT DOCUMENTATION:** Explain any documentation supporting your complaint. **ATTACHMENT:**

**CORRECTIVE ACTION SOUGHT:** (Attach additional pages as necessary.) **ATTACHMENT:**

**WITNESSES:** (Relationship= co-worker, supervisor, customer, faculty, etc.)

\_\_\_\_\_  
Name Title/Relationship Telephone

\_\_\_\_\_  
Name Title/Relationship Telephone

**DECLARATION:**

*I declare under penalty of perjury that the foregoing is true and correct. Your email address in lieu of your signature if this complaint is filed via email.*

\_\_\_\_\_  
Signature Print Name Date