

Title IX Discrimination Formal Complaint Form

Daposka Ankodapi Schools

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 this form has been completed and signed by a Complainant or the Title IX Coordinator, the alleged sexual harassment will be investigated by Daposka Ankodapi Schools. A copy of this completed form, as well as information about the school's Title IX grievance process, will be provided to the Complainant and Respondent.

Complainant: A student who is alleged to be the victim of sexual harassment.

Respondent: A student 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 school 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 (check all that apply):

Sexual Harassment Sexual Assault Gender-Based Harassment Dating Violence

Stalking Retaliation Cyberbullying Other: _____

Date Incident Occurred:

Earliest: _____ Latest: _____ Continuing Action

RESPONDENT INFORMATION:

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Informal Resolution:

Are you interested in the school's voluntary resolution process? Yes No

Nature of Complaint:

Witness Information:

Were there any witnesses? Yes No

Name: _____ Relationship: _____ Phone: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____ Email: _____

Name: _____ Relationship: _____ Phone: _____ Email: _____

Prior Discussion:

Did you discuss this matter with any witnesses? Yes No

Name: _____ Date: _____ Method: _____

Reporting Information:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Certification:

Signature: _____ Date: _____

Complaint Taken By: _____

Title IX Coordinator/Designee Date: _____