

TITLE IX COMPLAINT FORM
DELANO UNION SCHOOL DISTRICT

Title IX of the Education Amendments of 1972 is a federal law that prohibits sexual harassment and violence in the educational institutions that receive federal financial assistance. The Delano Union School District School District has adopted policies and procedures to address allegations that a student or staff, while in a district program or activity, was subjected to sexual harassment, violence, or retaliation in violation of Title IX.

If you believe that you have been a victim of sexual harassment or violence or have witnessed sexual harassment or violence, please complete this form and return it to the Title IX Coordinator. This form must be signed and submitted either personally, by electronic mail, or by mail.

Provide name and contact information – email address should only be accessible by the Title IX Coordinator in order to maintain confidentiality.

I. Complainant Information:

Student Staff

Name: _____

School Site: _____ Grade: _____

Contact Information: _____

Form Completed by: Student Staff Parent/Guardian Other Staff

Parent/Guardian, please provide name: _____

Contact Information: _____

Other, please specify name and position: _____

Contact Information: _____

II. Date of Incident: _____

III. Location of Incident: _____

IV. Nature of Complaint: Describe the action you believe to be sexual harassment or discrimination. This includes any type of sexual harassment, sexual violence, domestic violence, retaliation or any other violation of Title IX. Provide additional sheets if necessary.

V. Provide the name of any person you believe to be responsible. If you do not know the person's name, please provide a description of the person. If known, provide:

Name: _____

or Describe: _____

School Site: _____ Grade: _____

Student Staff

Contact Information: _____

Were there any witnesses to this matter? Yes No

If yes, provide name of witness(es):

VI. Have you contacted any other student, person, staff member, or law enforcement, regarding your claim? Yes No

If you have, provide name and contact information if known:

Attach any statements, reports, or other documents you feel are relevant to your complaint.

I certify that the foregoing is true and correct.

[Print Name]

[Date]

[Sign]

[Received by]

[Date]