



# Title IX Complaint Form

**Purpose:** The purpose of the Title IX formal complaint process is to inform Mooreville Graded School District of allegations of sexual harassment, sexual violence, and sex discrimination in violation of Title IX of the Education Amendments of 1972 so that the District may take appropriate action.

**Instructions:** Individuals alleging Title IX sexual harassment and requesting a review are required to complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged harassment.

**Name of Complainant:** \_\_\_\_\_

\_\_\_\_\_

*Home address*

*City/State/Zip*

*Phone*

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name of Respondent (alleged perpetrator):** \_\_\_\_\_

**Nature of Complaint:** Please describe the action(s) you believe may be sexual harassment, including complaints of sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary.

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See additional page(s) attached to this complaint form.

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**When did the actions described above occur?** \_\_\_\_\_

**Where did the actions described above take place?** \_\_\_\_\_

**Are there witnesses to this matter?** Yes No

If yes, please identify the witness(es):

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**Did you discuss this matter with any of the witnesses identified above?**

Yes No

If yes, please identify:

Person to whom you have spoken: \_\_\_\_\_

Date: \_\_\_\_\_ Method of communication: \_\_\_\_\_

**Have you spoken to any administrator(s) or other District staff members about this matter?**

Yes No

If yes, please identify:

Person to whom you have spoken: \_\_\_\_\_

Date: \_\_\_\_\_ Method of communication: \_\_\_\_\_

**Please describe below or attach any sources of information that you feel are relevant to your complaint:**

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***I certify that the foregoing information is true and correct.***

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*Print Name*

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*Signature*

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*Date*

