

**NONDISCRIMINATION ON THE
BASIS OF SEX**

COMPLAINT FORM

(*Note:* This form is not required in order to make a complaint of Title IX sex discrimination. A complaint may be oral or written and it will trigger the Title IX grievance process if it objectively can be understood as a request for the district to investigate and make a determination about alleged sex discrimination under Title IX. To make an oral complaint, please contact the Title IX coordinator.)

Please print:

Name: _____ Date: _____

Address: _____

Telephone: _____ Secondary Phone: _____

Best time to be reached: _____

E-mail address: _____

I wish to complain against:

Name of person, school (department), program, or activity:

Address: _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

Date of the action against which you are complaining:

If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

Name Address Telephone Number

The projected solution

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

The compliance officer, as designated in ACA, shall give one (1) copy to the complainant and shall retain one (1) copy for the file.