Middlesex County Public Schools
Title IX Formal Complaint Form

PURPOSE: The purpose of the Title IX formal complaint process is to inform the School Division of allegations of sexual harassment, sexual violence and sex discrimination, including harassment discrimination based on gender or gender identity, in violation of Title IX of the Education Amendments of 1972 ("Title IX") so that the School Division 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.

Please submit to Byron Bishop, Middlesex School Board Office, 2911 General Puller Highway, Saluda, VA 23149; Email: bbishop@mcps.k12.va.us

Name of Complainant:

Home Address:

City/State/Zip:

Phone Number:

School:

Name of Respondent:

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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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_____

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

_____

_____

_____

When did the actions described above occur?

_____

Are there any witnesses to this matter? Yes   No

_____

If yes, please identify the witness(es):

_____

Did you discuss this matter with any of the witnesses identified in Item 5? 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 member(s) about this matter? If yes, please identify:

_____

Person to whom you have spoken:

_____

Date:

_____

Method of communication:

_____

☐ *I understand this complaint will be subject to an investigation conducted in accordance with Middlesex County Public Schools Procedures*

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

Print Name

_____

Signature   *Date*

_____