TITLE IX FORMAL COMPLAINT FORM

PURPOSE: The purpose of the Title IX grievance procedures is to secure prompt and equitable resolutions of complaints based on sexual harassment, sexual violence and sex discrimination, including discrimination based on gender identity or expression or failure to conform to stereotypical notions of masculinity or femininity in violation of Title IX of the Education Amendments of 1972 (“Title IX”) and violation of Academy policies that prohibit these types of discrimination. These procedures apply only to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the School Leader or Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination:

1. Name of Complainant:______________________________________________________________

   Home Address ____________________________________________________________
   City/State/Zip ___________________________ Home Phone ________________________

   School:_________________________________________ Grade:________

2. Nature of Grievance: Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or 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:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. When did the actions described above occur?

   ________________________________________________________________

4. Are there any witnesses to this matter? (Please circle) Yes __ No __

   If yes, please identify the witnesses:

   ________________________________________________________________

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5. Did you discuss this matter with any of the witnesses identified in Item 4?
(Please circle) Yes Yes Yes
If yes, please identify:
Person to whom you have spoken:________________________________ Date:_________________
Method of communication:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

6. Have you spoken to any administrator(s) or other Academy staff member(s) about this matter? (Please circle)
(Please circle) Yes Yes Yes
If yes, please identify:
Person to whom you have spoken:________________________________ Date:_________________
Method of communication:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

7. Please describe the result of the discussion(s) identified in Item 6:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

_I certify that the foregoing information is true and correct._

________________________________________  ______________________________  _______________________
Print Name                                      Signature                                      Date