

**Title IX Formal Complaint of Sexual Harassment**

Complainant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Alleged Perpetrator's Name: \_\_\_\_\_

Date(s) of Alleged Incident(s): \_\_\_\_\_

Location(s) of Alleged Incident(s): \_\_\_\_\_

**I, the Complainant, request that the District investigate the following allegations of sexual harassment** (may attach separate written statement or additional sheets as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

<i>*District use only*</i>	
Date Formal Complaint received: _____	Received by: _____
Assign District Case No: _____	