



Title IX Form: Discrimination and Harassment Report

Complainant: _____

If Complainant is a Student, Name of Parent: _____

Home Address (include city, state, zip code): _____

Phone: _____ Email: _____

Date(s) of Alleged Incident(s) _____

Name of person you believe discriminated against you (or your child): _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

This complaint is filed based on my honest belief that has discriminated against me / my child. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant (or Parent's) Signature _____ Date _____

Received by _____ Date _____
