Title IX Complaint Form

Title IX of the Education Amendments of 1972 is a federal law that prohibits discrimination, including complaints of sexual harassment or sexual violence, based on gender of students and employees of educational institutions that receive federal financial assistance. The School's Title IX grievance procedures apply **only** to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence). ***Individuals alleging Title IX discrimination and requesting review should complete this form and submit it to carol.ingram@imaginewm.org as soon as possible after the occurrence of the alleged discrimination***:

1. **Name of Complainant**: _____

   _____

   Home Address City/State/Zip Phone

2. **Complaint**: 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. Attach additional pages, if necessary: _____

3. **Please identify the date and location of the alleged incident**:

   _____

4. **Please identify any witnesses to the alleged incident**:

   _____

5. **If you have discussed this matter with any other person(s), including without limitation any witness identified above or any School employee, please identify each person to whom you have spoken and the date and method of such communication. Attach additional pages, if necessary**: _____

6. **Please describe the corrective action you are seeking. Attach additional pages, if necessary**:

7. **For retaliation complaints, please explain why you believe someone retaliated against you**:

_____
_____
_____
_____

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

I certify that the foregoing information is true and correct, and am requesting that the School investigate the foregoing allegation. *(Please note that School policy prohibits knowingly making false statements or knowingly submitting false information.)*

Signature of Reporting Person: _____

Print Name: _____ Date: _____

**Formal Complaints of sexual harassment should be submitted to the Title IX Coordinator.*

For Title IX Coordinator and/or Designee Use Only.

Complaint taken by:

_____

Signature Print Name Date