Title IX Complaint Form

Individuals alleging Title IX discrimination and requesting review should complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination:

•	Name of Complainant:		
	Home Address	City/State/Zip	Phone
	Description of conduct alleged to constitute sex discrimination under Title IX, and identify any person(s) you believe may be responsible. Attach additional pages, if necessary:		
i.	Names of the parties involved in the incident, if known:		
l.	Date and location of the alleged incident, if known:		
í.	Any witnesses to the alleged incident, if known:		
).	For retaliation complaints, please explain why you believe someone retaliated against you:		
an	n requesting that the Sch	ool investigate the foregoing allegation(s) and make a determination.
Sig	nature of Reporting Pers	on:	
rir	nt Name:		Date:
Sign	nature of Title IX Coord	inator:	