# Title IX Sexual Harassment Formal Complaint Form

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| This form is being submitted by: | | | | | | | | | Complainant  Title IX Coordinator | | | | | | | | | | | |
| Complainant Name: | | | | | | |  | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | |
| Phone: |  | | | | | | | | | Email: | | |  | | | | | | | |
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| **If the Complainant is a student:** | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | |  | | | | | | | | | | Grade: | | | |  | | |
| School Building Attending: | | | | | | | |  | | | | | | | | | | | | |
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| **If the Complainant is an employee:** | | | | | | | | | | | | | | | | | | | | |
| Job Title: | | |  | | | | | | | | | | | | | | Building: | | |  |
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| **Complaint Details** | | | | | | | | | | | | | | | | | | | | |
| Reporter’s Name (if different than Complainant): | | | | | | | | | | | | | | |  | | | | | |
| Reporter’s Relationship to Complainant: | | | | | | | | | | | |  | | | | | | | | |
| Reporter’s Address: | | | | | |  | | | | | | | | | | | | | | |
| Reporter’s Phone: | | | | |  | | | | | | Reporter’s Email: | | | | | | | |  | |
| 1. Describe the alleged sexual harassment that you are requesting the District investigate. Please be specific. Describe the incident(s) and identify the individuals and potential witnesses involved. Describe or attach any evidence you believe is relevant. Attach additional pages if needed. | | | | | | | | | | | | | | | | | | | | |
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| 1. Describe the date/time/location(s) of the alleged incident(s). | | | | | | | | | | | | | | | | | | | | |
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| 1. What would you like the District to do to remedy the situation? | | | | | | | | | | | | | | | | | | | | |
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| Complainant’s/Coordinator’s Signature | | | | | | | | | | | | | | | |  | Date | | | |
| **Please submit this form to:** | | | | | | | | | | | | | | | | | | | | |
| LuAnn Hurd and Justin Hallenbeck  Title IX Coordinators  Addison Community Schools  219 N. Comstock St.  Addison, MI 49220  LuAnn.Hurd@addisonschools.us 517-547-6123  Justin.Hallenbeck@addisonschools.us 517-547-6123 | | | | | | | | | | | | | | | | | | | | |
| **A person alleging discrimination by the District on the basis of sex may file a complaint through the District’s grievance procedure. A complaint may also be filed at any time with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. Filing a complaint with the District is not a prerequisite to filing with OCR. For additional information about the District’s grievance procedure, please contact the Title IX Coordinator identified above.** | | | | | | | | | | | | | | | | | | | | |