

TITLE IX FORMAL COMPLAINT FORM

PURPOSE: The purpose of the Title IX grievance procedures is to secure, at the lowest possible level, prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 ("Title IX") and violation of District policies that prohibit these types of discrimination. These procedures apply **only** to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administration as soon as possible and within 180 days of the alleged violation(s) after the occurrence of the alleged discrimination:

Title IX Complaints:

Elice Gregory, emgregor@k12.wv.us

Name of Complainant: _____

Complainant's Address: _____
Street City/State Zip

Complainant's Phone Number: _____

1. School/Office: _____ **Grade** (If Applicable) _____

2. Nature of Grievance: 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. Please attach additional sheets, if necessary:

3. When did the actions described above occur? _____

4. Are there any witnesses to this matter? (Please circle) **Yes** **No**
If yes, please identify the witnesses:

5. Did you discuss this matter with any of the witnesses identified in Item 4?

(Please circle) Yes No

If yes, please identify:
Person(s) to whom you have spoken:

_____	_____	_____
Name	Date	Method of Communication
_____	_____	_____
Name	Date	Method of Communication
_____	_____	_____
Name	Date	Method of Communication

6. Have you spoken to any administrator(s) or other District employee(s) about this matter?

(Please circle) Yes No

If yes, please identify:
Person(s) to whom you have spoken:

_____	_____	_____
Name	Date	Method of Communication
_____	_____	_____
Name	Date	Method of Communication
_____	_____	_____
Name	Date	Method of Communication

7. Please describe the result of the discussion(s) identified in Item 6:

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

I certify that the foregoing information is true and correct:

_____	_____	_____
Print Name	Signature	Date