

Student Support Services Formal Complaint of Sexual Misconduct - Title IX

School:	On Campus Off Campus
Location of Alleged Incident(s):	
Date(s) of Alleged Incident(s):	Time(s) of Alleged Incident(s):
Complainant's Name:	
Grade:	Position:
Respondent(s) Name:	
Grade:	Position:
Did this event happen during the School day or at a	a School-sponsored activity?
If off campus or outside of the school day please desc	cribe the school sponsored activity.
Please describe the incident(s):	
I understand that I can receive supportive measures we counseling, schedule change, stay away agreement, as	
	al investigation will be initiated. This requires that any espondent. Both parties will receive a full report of the
I may withdraw my complaint at any time however, the deemed serious enough or if safety of others is at risk	he Title IX coordinator may continue to investigate if
Student Signature:	Date:
Parent Signature:	Date:
Title IX Coordinator:	Date:
Complaint Received by:	Date:

Form No.: STU-021-009 – Form Complaint of Sexual Misconduct – Title IX New Date: 10/22/20