

PELLSTON PUBLIC SCHOOLS
Title IX Formal Complaint Form

TITLE IX FORMAL COMPLAINT

Complainant: _____

Employee _____ Student _____ School Enrolled _____ Other _____

Address: _____

Phone: _____ Cell: _____

Respondent: _____

Employee _____ Student _____ School Enrolled _____ Other _____

Address: _____

Phone: _____ Cell: _____

Date of Alleged Incident: _____

Where the Incident Occurred: _____

Description of Formal Complaint [Attach a more detailed statement if necessary]: _____

Date: _____

Signature of Complainant/Title IX Coordinator

NOTE: In order for a Title IX complaint to be investigated under the District's Title IX Grievance Procedures, a Formal Complaint must be submitted and signed by a Complainant or Title IX Coordinator.

****Remainder for Internal District Use****

Date Title IX Coordinator received Formal Complaint: _____

Describe method of conveyance to Title IX Coordinator (i.e., phone, email, in person):

I. DOCUMENTATION OF INVESTIGATION

Name of Administrator/Title IX Coordinator assigned to investigate: _____

Date investigation began: _____

a. Date of Complainant's statement/interview: _____
Complainant's Advisor (if any): _____

b. Date of Respondent's statement/interview: _____
Respondent's Advisor (if any): _____

c. Witnesses interviewed (name, age, contact information, date of interview and whether the witness has any special needs):

d. Documents reviewed: _____

e. Video recordings: Yes / No If Yes, identify location and custody:

f. Other recordings: Yes / No If Yes, identify location and custody:

g. Complainant statements: Yes / No Attach.

h. Respondent party statements: Yes / No Attach.

i. Witness statements: Yes / No Attach.

j. Other information considered: _____

Supportive measures: Offered/Considered – such as counseling, extensions of time, modifications of work or class schedules, appropriate emotional and/or academic support, restrictions on contact between parties, leaves of absences, increased monitoring support, transfers, separation of the parties.

Supportive measures implemented: (Identify the measures and date implemented)

Documentation of notice of supportive measures to parties and to appropriate staff (such as letters and emails):

Notice of Title IX Policy and Grievance Procedure provided to parties (Date): _____

Estimated length of investigation: _____

Whether law enforcement notified (when, who, contact person, name of department and telephone number):

Detail each contact with law enforcement (when, who, name of department and telephone number):

Detail actions taken by law enforcement, if known.

II. INVESTIGATION REPORT

Date of Preliminary Investigation Report: _____

Date sent to Parties and Advisors (if any) for written response: _____

Date Report Finalized and sent to Decision-Maker/Parties: _____

III. FINAL DETERMINATION

Decision-Maker: _____

Dates for Parties Submission of Relevant, Written Questions: _____

Date of Final Determination: _____

Summary of Final Determination including Corrective Action, if any: _____

Final Determination Letter sent to:

1. Complainant and advisor (if any) (Date): _____
2. Respondent and advisor (if any) (Date): _____

IV. APPEAL

Appeal filed by Complainant (date): _____

Appeal filed by Respondent (date): _____

Basis for Appeal: _____

Notice to parties of appeal (date): _____

Appeal and response, if any, to Board of Education (date): _____

Final decision on Appeal (date): _____

Final decision provided to parties (date): _____

V. FOLLOW UP

Follow-up: The Title IX Coordinator should periodically check in with the parties to ensure no additional acts of discrimination or harassment have occurred and supportive measures are working – document all follow-up actions, and document date and time of when the follow-up will occur.

Document all follow-up actions and contacts with the Complainant and Respondent including the date and time of action or contact.
