

Title IX Discrimination Complaint Form

Title IX of the Education Amendments of 1972 is a Federal law that prohibits discrimination based on the gender of students and employees of educational institutions that receive federal financial assistance.

Purpose: The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that, 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”) can be resolved as expediently and appropriately as possible.

Instructions: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination.

Contact our Title IX Coordinator: Kyle Smith, Dean of Students/AD
Carrollton Grade School
721 Fourth Street
Carrollton, IL 62016
ksmith@c-hawks.org
217-942-6831

1. Name of Complainant: _____

Contact Information: _____
Home Address

City/State/Zip Code

Student Grade: _____

Employee School Office (Grade School/High School): _____

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 or email additional sheets if necessary.

3. When did the actions described above occur?

4. Are there any witnesses to this matter? Yes No
If yes, please identify the witnesses:

5. Did you discuss this matter with any of the witnesses identified in Item 4? Yes No

If yes, please identify: Person to whom you have spoken: _____

Date: _____ Method of Communication: _____

6. Have you spoken to any administrator(s) or other school employees about this matter?
 Yes No

If yes, please identify: Person to whom you have spoken: _____

Date: _____ Method of Communication: _____

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

PLEASE ATTACH OR EMAIL ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT TO THE TITLE IX COORDINATOR LISTED AT THE TOP OF THIS FORM.

I certify that the foregoing information is true and correct.

Print Name

Signature

Date