

HEALTH SCIENCES CHARTER SCHOOL

Claim of Title IX Violation

Personal Information (PLEASE PRINT):

Your Name: _____

Phone Numbers: (Home) _____

(Work/Cell) _____

E-mail: _____

Home Address: _____

City Zip: _____

- Employee
- Parent/Guardian on behalf of student
- Other Adult

Type of Complaint

(Please mark all that apply): In addition to a complaint for Sexual Harassment or Sexual Assault, please check all categories that apply:

- Discrimination based on: Race Color Religion Ancestry National Origin
- Economic Status Gender Sexual Orientation Gender Identity Pregnancy
- Marital Status Physical Appearance Disability Age Veteran Retaliation
- Domestic Violence Victim Status Transgender Status Bullying

Date Discrimination/Harassment/Assault/Retaliation/Bullying allegedly took place

Earliest _____

Latest _____

- Continuing Action

Person(s) allegedly discriminating/harassing/assaulting/retaliating/bullying

Name: _____

Name: _____

Name: _____

(use another page, if necessary)

Your Complaint

Please describe your complaint against the named person(s) above. Specifically, how were you or your child sexually harassed or sexually assaulted? Describe the behavior, comments, or incidents that caused you to file your complaint. Attach additional pages, if necessary.

Please identify all school staff to whom you have reported your concerns

(Name): _____

Date: _____

Person(s) who have knowledge of the events described above

(These people either witnessed incident(s) or have knowledge of events)

Name: _____

Relationship to you _____ (colleague, student, teacher, etc.)

Phone Number: _____

E-mail: _____

(Use another page to add more people, if necessary)

Corrective Action Desired

How you would like the school to resolve your complaint?

Other Information

The Title IX Coordinator or an investigator retained by them will conduct an investigation of the circumstances involving your complaint, and will interview you and the person(s) named by you in your complaint, to attempt resolution. The school may, at its discretion, contact others in the course of its investigation. If you request that your identity remain anonymous, this may prevent the school from conducting an effective investigation, and impact the school's ability to resolve your complaint. It is both illegal and against school policy for anyone to retaliate against you for filing your complaint. Please contact the Title IX Coordinator immediately if you or any witness experience any

retaliation or negative repercussions from filing your complaint. Please deliver this complaint to the school's Title IX Coordinator.

AFFIRMATION

I affirm that the information and documentation I have provided with regard to this complaint is true and accurate to the best of my knowledge. I acknowledge that knowingly providing false information or information that I do not believe to be true in this complaint form or during the investigation may subject me to disciplinary action.

Signature: _____

Date: _____

To be completed by school representative.

Date received: _____

By Title IX Coordinator (name): _____

Assigned to _____ on _____ for investigation.

Signed: _____