

WESTVIEW SCHOOL DISTRICT

ENGAGING ALL, GUIDING LEARNERS, ELEVATING SUCCESS

7441 Westview Road Neosho, MO 64850 Mrs. Misty Hailey

417 776-2425 Fax: 417-776-1994 Superintendent/Principal

TITLE IX FORMAL COMPLAINT FORM

I,	, am filing a formal complaint of sexual harassment regarding			
	[insert name].			
I am requesting that the School District investigate this allegation of sexual harassment. The conduct, as alleged, constitutes sexual harassment that satisfies [CHECK ALL THAT APPLY]:				
	An employee of the school district conditioned the provision of an aid, benefit, or service on my participation in unwelcome sexual conduct. Unwelcome conduct that would be determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the School District's education program of activity Sexual assault Dating Violence Domestic Violence Stalking			
<u>DETAILS OF ALLEGATIONS</u>				
The following details are the details of the allegation(s) known at this time. If the details are unknown, please designate them as "unknown at this time".				
Allegation				
a.	<u>Identity of Respondent</u> : The individual who is being reported to be the perpetrator of conduct that			
	could constitute sexual harassment is			
b.	<u>Identity of Complainant</u> : The individual who is reporting to be the victim of conduct that could			
	constitute sexual harassment is			

c.	Conduct Allegedly Constituting Sexual Harassment:				
	[Please attach additional pages, if necessary]				
d.	<u>Date of the Alleged Incident</u> : The conduct is alleged to have occurred on the following date:				
e.	<u>Location of the Alleged Incident</u> : The conduct is alleged to have occurred at the following				
	location:				

You may file this formal complaint with the Title IX Coordinator in person, by mail, or by e-mail. The Title IX Coordinator can be reach at:

Mrs. Autumn Palmer, Assistant Principal 7441 Westview Road, Neosho, MO 64850 apalmer@wc6.org 417-776-2425

provide your contact information.			
Name:			
Email Address:			
Phone Number:			
Name			
Signature	Date		
Name of Parent or Legal Guardian (Optional)			
Signature of Parent or Legal Guardian (Optional)	Date		

Upon receiving your formal complaint, the Title IX Coordinator will promptly contact you. Please