



***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

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**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

**DETAILS OF ALLEGATIONS**

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. Identity of Respondent: The individual who is being reported to be the perpetrator of conduct that could constitute sexual harassment is \_\_\_\_\_.
  
- b. Identity of Complainant: The individual who is reporting to be the victim of conduct that could constitute sexual harassment is \_\_\_\_\_.



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