



Title IX Complaint Form

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. This form only applies to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

Contact our Title IX Coordinator:

Mary Kay Ford
mkford@cody-kilgore.com
402-823-4117

Date: _____

Name of Complainant: _____

Address: _____

Phone Number: _____

1. Name of child who you believe has been unlawfully harassed:

2. Statement of facts detailing date and manner in which child or person was harassed.

3. When and where did the actions stated above (in 2) occur?

4. Names of witnesses to the harassment:

5. Did you discuss this matter with any of the witnesses identified above? Please circle **Yes No**

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

Date: _____

Method of communication: _____

6. Have you spoken to any administrators or other school employees about this matter?

Please circle **Yes No**

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

Date: _____

Method of communication: _____

7. Please describe the result of the discussion from number 6.

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT

Signature of Complainant: _____ **Date:** _____

The undersigned states: I have a reasonable belief that the facts in this complaint are true and accurate, I am familiar with the School District's Title IX and anti-discrimination grievance and complaint procedures, and I give permission for an investigation to be made into this complaint.

Signature: _____ Date: _____

