



TITLE IX DISCRIMINATION COMPLAINT FORM

Title IX of the Education Amendment of 1972 (20 U.S.C. §1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. Once the form is completed and signed by you and the Title IX Coordinator, your complaint has been properly received and noted by the District. We will provide you with a copy of this form as well as complete information about the Title IX complaint process. The Title IX Coordinator and/or designee can investigate complaints by faculty, staff, and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.

PCSSD Title IX Coordinator: Dr. Janice Warren, (501) 234-2015 | jwarren@pcssd.org | 925 E. Dixon Rd, Little Rock, AR 72206.

I am completing this form out as a (check one):

Staff

Student

Other

NAME

DEPARTMENT (IF APPLICABLE)

SCHOOL (IF APPLICABLE)

HOME PHONE

WORK PHONE

HOME ADDRESS

CITY

STATE

ZIP CODE

Have you brought this matter to the attention of any other department(s), building administrator, any administrator, or any district employee? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter

Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, student.

For retaliation complaints, please explain why you believe someone retaliated against you:

Witnesses (The relationship information requested means co-worker, supervisor, student, or staff.)

	NAME	RELATIONSHIP	TELEPHONE
1			
2			
3			

I certify the aforementioned is true and correct.

YOUR SIGNATURE

PRINTED NAME

DATE

For the Title IX Coordinator and/or Designee
Complaint taken by:

SIGNATURE

PRINTED NAME

DATE