

102 South Merritt Street ● Odin, Illinois 62870 Phone: 618-740-4183 ● Fax: 618-740-4186 www.odinpublicschools.org

Belinda Kirgan, Superintendent Email: bkirgan@odinpublicschools.org Quinton Marcum, Principal Email: qmarcum@odinpublicschools.org

### **Title IX Sexual Harassment Formal Complaint**

A Title IX Sexual Harassment Formal Complaint is a document filed by a Complainant or signed by the Title IX Coordinator alleging sexual harassment against a Respondent and requesting the District investigate the allegation(s) of sexual harassment. The Complainant is an individual who is alleged to be the victim of conduct that could constitute sexual harassment under Title IX. At the time of the Formal Complaint, the Complainant must be participating in or attempting to participate in the education program or activity of the District. This form is available for submitting a Formal Complaint, but is not required. The Formal Complaint must contain the Complainant's physical or digital signature, or otherwise indicate that the Complainant is the person filing the Formal Complaint. A parent/guardian may file a Formal Complaint on behalf of a minor. The Formal Complaint may be filed with the Title IX Coordinator in person or by mail or electronic mail at:

Mr. Quinton Marcum, Principal

Odin Public School District #722

102 S. Merritt St.

Odin, IL 62870

Phone: 618-740-4183

Email: qmarcum@odinpublicschools.org

### **Title IX Sexual Harassment Formal Complaint Form**

Complainant Name:		Date:		
	(Please print			
1. Please check the appropriate box below to describe your role in our District:				
Student	School	Grade		
Parent/Guardian	Phone	Email		
Employee	School	Position		



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2.	Person(s) reported as victim(s) of the alleged conduct:		
	If the victim or victims are students of Odin Public School District, please list the grade of		
	each victim:		
3.	Person(s) being reported as alleged harasser(s):		
	If the harasser or harassers are students of Odin Public School District, please list the		
	grade of each harasser:		
4.	Person(s) who witnessed or have knowledge of the alleged conduct:		
	If the witness or witnesses are students of Odin Public School District, please list the		
	grade of each witness):		
5.	Approximate date(s) and time(s) of the alleged conduct:		
6.	Location(s) of the alleged conduct:		



knowledge.

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7.	Description of the alleged conduct, including any related evidence (Please use the reverse side
	of this form and/or additional pages, if needed)

"Children come first- educational opportunities for every student".

By completing and signing this form, I attest that the information provided is true and accurate to the best of my



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