TITLE IX DISCRIMINATION COMPLAINT FORM

Title IX Coordinator

Carmon Parris
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Title IX of the Education Amendments Act of 1972 ("Title IX") provides that "[n]o person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

This means that our students and employees are entitled to be free from sex-based discrimination in our educational programs or activities. This includes discrimination based on gender, gender identity, pregnancy status, parenting status, and sexual harassment. For more information, please see the District's Title IX Policy. If you believe that you have been subjected to discrimination in violation of Title IX, you may complete this complaint form or write a formal complaint and submit it to the Title IX Coordinator.

Please note that the District cannot guarantee that your complaint will be kept confidential, because District personnel are required to share certain information with all parties involved. Nonetheless, the District will make reasonable efforts to avoid sharing information regarding your complaint beyond those required to receive such information. If you have any questions, please contact the Title IX Coordinator.

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Once you complete and submit this form, the Title IX Coordinator will promptly and confidentially contact you with information about the next steps.

Name of Complainant:		
Please indicate whether you are:		
☐ Faculty ☐ Staff ☐	Student Title IX Coordinator	
Department (if applicable):		
School (if applicable):		
Home/Cell Phone:	Work Phone:	
nome, cen i none.	WOLK I HOLE.	
Address:		
Employee ID (if applicable):	Student ID (if applicable):	
Have you notified any other personnel about this incident? If yes, note whom.		
Type of Prohibited Conduct (check all that apply):		
Type of Frombited Conduct (Check an that a	pp1y).	
☐ Sexual Harassment ☐ Sexual Assa	ault	
☐ Domestic Violence ☐ Stalking	☐ Pregnancy Discrimination	
☐ Parenting Discrimination ☐ Gender Expression/Identity Discrimination		
☐ Other Gender/Sex Discrimination		
Name of person or persons you believe enga	gad in prohibited conduct against you	
Name of nerson or nersons voli helieve enga	ged in nrohibited conduct against voii.	

Complaint:		
Describe in as much detail as possible what happened. To the extent possible, include who was involved, when the incident(s) occurred, where the incident(s) occurred what took place. Attack additional pages if needed		
what took place. Attach additional pages if needed.		
Identify any persons you believe have useful information related to your complaint, as well as your relationship to them (i.e., co-worker, classmate, teacher, etc.):		
For retaliation complaints, please describe the retaliatory conduct and what you believe this conduct is in response to. Attach additional pages if necessary.		
Signature: Date:		
Printed Name:		
FOR THE TITLE IX COORDINATOR		
Date Rec'd: Initial Report Rec'd By:		