



Tallassee City Schools System Title IX Complaint Form

Date

Name of Person Completing This Report

Reporter Phone

Reporter Email

Reporter Address

City

State

Zip

Name of Complainant Relationship to Complainant

Date of Incident Location of Incident

Name of Accused

Has this incident been reported to Child Protective Services? YES NO Date of Report: _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

By checking this box, I am indicating that I wish for this incident to be investigated. As part of an investigation, I understand that the identity of the Complainant, and the details of this Complaint, will be shared with the person accused. If you have any questions or concerns, please contact the Title IX Coordinator, Tessie Williams, tessie.williams@tcschools.com. You may also submit this form without checking this box. The Title IX Coordinator will contact you to discuss your options.

Signed: _____