

TITLE IX NOTICE OF NONDISCRIMINATION AND SEXUAL HARASSMENT COMPLAINT FORM

INSTRUCTIONS: Complete and submit this form within 180 calendar days of the last act that you believe was discriminatory or harassing. Help in completing the form or answering follow-up questions is available by contacting the Director of Special Education. Please provide as much information as possible to enable the Cooperative investigation. Refer to *Policy A100* for additional information. The completed form must be submitted with 180 calendar days of the violation to any administrator or to the appropriate Complaint Coordinator (see chart in *Policy A100*) at 77 "A" Street N.E., Linton, IN 47441.

ALLEGED BASIS OF HARASSMENT OR DISCRIMINATION (Check all that apply):			
<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex (including gender identity or sexual orientation)	
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	
<input type="checkbox"/> Religion	<input type="checkbox"/> Other (please specify)		

A. Target's Name _____ School/Building _____

Street _____ Apt # _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Mobile _____

If you are submitting a complaint on behalf of a targeted student or employee, please complete the following about yourself:

Your Name _____

Your Relationship to the targeted student or employee _____

Street _____ Apt # _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Mobile/Pager _____

B. Target's Status: ____ Student ____ Parent/Guardian
 ____ Employee ____ Other (explain)_____

C. Complaint Information:

1. Date of Discriminatory Occurrence (if multiple, list all dates):_____

2. Location: _____

3. Name(s) of the offender: _____

4. Describe what happened that you believe was discriminatory. (Use extra paper if needed).

5. List names of school personnel who were involved: _____

6. If others were affected by the alleged violation/discrimination, please list their names:

7. If others witnessed the alleged violation, please list their names:

8. If you have had an initial discussion with a staff member or supervisor concerning the complaint, please give the date of discussion, summarize the conversation, and include the name of the person with whom you spoke.

9. If you wish, describe the corrective action(s) you would like to see taken

10. Additional Comments: _____

11. Are you interested in the informal resolution process (i.e., mediation)? ____ Yes ____ No

12. Do you have any documentation related to this complaint (i.e., notes, emails, text messages, etc.)? If so, please attach it to this form.

D. I certify that the above statements are true.

Complainant's Signature _____ Date Filed _____

FOR OFFICE USE ONLY

____ Date received
____ Date Complainant notified, request for additional information
____ Date outcome of investigation delivered
____ Appeal to Coordinator
____ Appeal to Board
____ Corrective Action