

Stewartville School District Title IX Complaint Form

Title IX COMPLAINT FORM PURPOSE: The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that, prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 (“Title IX”) can be resolved as expediently and appropriately as possible. This form only applies to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination. Contact our Title IX Coordinator to submit this form. **Tim Malone**, tim.malone@ssdtigers.org, 507.533.1686. Alternatively, individuals may directly contact Mr. Malone in person, via email, or via phone communication to report the incident. Mr. Malone may complete this form on the behalf of the individual.

1. Contact Information

Name of Complainant: _____

Contact information: _____

Student Grade: _____

Employee Office Location: _____

2. Nature of Grievance: Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

3. When did the actions described above occur? _____

4. Are there any witnesses to this matter? _____

If yes, please identify the witnesses: _____

5. Did you discuss this matter with any of the witnesses identified in Item 4? _____

If yes, please identify:

Person to whom you have spoken: _____

Date: _____

Method of communication: _____

6. Have you spoken to any administrator or other school employee about this matter? _____

If yes, please identify:

Person to whom you have spoken: _____

Date: _____

Method of communication: _____

7. Please describe the result of the discussion identified in Item 6. Please attach additional sheets, if necessary:

PLEASE ATTACH ANY ADDITIONAL STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

Printed Name

Signature

Date