

## DCP TITLE IX FORMAL COMPLAINT FORM

**INSTRUCTIONS:** This Title IX report form applies to complaints alleging sexual harassment prohibited by Title IX of the Education Amendments of 1972 ("Title IX") and may be used by reporting individuals or complainants who wish to file a complaint of sexual harassment under Title IX pursuant to DCP's policy: Title IX Sexual Harassment Policy and Complaint Procedures: Students

Reporting individuals or complainants, alleging violations of Title IX described in *Title IX Sexual Harassment Policy and Complaint Procedures: Students*, should submit this form to the Title IX Coordinator as soon as possible after the occurrence of the alleged incident. This form may be filed with the Title IX Coordinator in person, by mail, or by email. Please contact the Title IX Coordinator if you have any questions regarding the process for filing or investigating reports of Title IX complaints.

Note that if Complainant fails to file a Title IX formal complaint form and/or fails to request an investigation of the matter, the Title IX Coordinator may initiate an investigation. The Title IX Coordinator is not required to fill out this form and sign it prior to initiating an investigation.

### **PART A: Complainant Information**

Name of Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Person(s) Filing Complaint, if not Complainant:

\_\_\_\_\_

Relationship to Complainant:

\_\_\_\_\_

### **PART B: Summary of Title IX Allegation**

1. Respondent Name(s): \_\_\_\_\_

2. Alleged sexual discrimination took place on or about at this location (Date/Time/Place)

\_\_\_\_\_

Is the alleged sexual discrimination/harassment continuing? YES \_\_\_ NO \_\_\_

3. Check the box(es) below that best describe(s) the incident.

Discrimination in the school's education program or activities based on

- Sex/gender
- Dating Violence
- Domestic Violence
- Sexual Assault
- Stalking
- Unwanted sexual touching, groping, touching of private body areas
- Sexual harassment that is so severe, pervasive, and objectively offensive that it effectively denies or denied you equal access to the school's education program or activity (known as "Hostile Environment Sexual Harassment")
- An employee of DCP conditioned an aid, service, or benefit for you participating in unwelcome sexual conduct (known as "Quid Pro Quo Sexual Harassment")
- Gender-based harassment
- Other: \_\_\_\_\_

4. Please describe the incident regarding your complaint by attaching a written summary to this form.

5. Please identify any witnesses or other individuals with information regarding your allegations.

\_\_\_\_\_

\_\_\_\_\_

6. Did you discuss the incident(s) with any of the witnesses identified in Item 5?

- YES
- NO

If yes, please identify and attach a summary of your interaction, including date(s) and method of communication (i.e. text, email, phone, in-person)

7. Did you discuss the incident(s) with any administrator(s) or staff member(s) of DCP?

- YES
- NO

If yes, please identify and attach a summary of your interaction, including date(s) and method(s) of communication (i.e. text, email, phone, in-person)

8. Please attach any statements or other documents, which are relevant to the complaint.

9. I am requesting that DCP initiate a formal investigation into this matter under Title IX.

- YES
- NO

By signing this document, I affirm that the above allegation(s) is/are true to the best of my knowledge, information, and belief.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

