IVYTECH CHARTER SCHOOL

Office of Title IX Compliance

CONFIDENTIAL

TITLE IX DISCRIMINATION COMPLAINT FORM

This form initiates a formal complaint under ITCS Board Policy 5200 and Title IX (20 U.S.C. § 1681 et seq.; 34 C.F.R. § 106.1 et seq.).
Please complete all sections legibly and submit to the Title IX Coordinator.
Retaliation against any individual for filing a complaint in good faith is strictly prohibited under Board Policy 5200.

AFFILIATION

☐ Certificated Employee ☐ Classified Employee ☐ Administration
☐ Employment Applicant ☐ Student ☐ Parent/Guardian
☐ Other. Please explain your affiliation:

COMPLAINANT

Last Name *First Name* *M.I.*

Address

Work Telephone *Home Telephone*

NATURE OF COMPLAINT (CHECK ONE OR MORE)

☐ Sexual Orientation ☐ Sexual Harassment / Workplace Violence
☐ Gender / Sex
☐ Other. Please explain:

PERSON(S) WHO DISCRIMINATED AGAINST YOU

If this complaint involves more than one individual, use the fields below; otherwise leave blank.

Name *Title* *Department*

Name *Title* *Department*

Name *Title* *Department*

Name *Title* *Department*

DESCRIPTION OF COMPLAINT

Describe your complaint and why you believe this person discriminated or retaliated against you. Explain your relationship to this individual (e.g., supervisor, co-worker, faculty, classmate). Include date(s), time(s), and place(s) the discrimination or retaliation occurred. Attach additional pages as necessary.

Attachment Included: ☐ Yes ☐ No

PREVIOUS ACTION

Have you brought this matter to the attention of any other department(s) at the school? If so, please list the name(s) and department(s) of all persons with whom you have discussed this matter.

Attachment Included: ☐ Yes ☐ No

COMPLAINT DOCUMENTATION

Explain any documentation supporting your complaint.

Attachment Included: ☐ Yes ☐ No

CORRECTIVE ACTION SOUGHT

Describe the outcome or resolution you are requesting. Attach additional pages as necessary.

Attachment Included: ☐ Yes ☐ No

WITNESSES

List any individuals who may have relevant information (e.g., co-worker, supervisor, classmate, faculty).

Name	Title / Relationship	Telephone

DECLARATION

I declare under penalty of perjury that the foregoing is true and correct. If this complaint is filed via email, your email address may be used in lieu of your signature.

Signature *Print Name* *Date*