Title IX Sexual Harassment ***Formal Complaint Form***

This form is being submitted by: ☐ Complainant ☐ Title IX Coordinator

Complainant Name: _____

Address: _____

Phone: _____ Email: _____

If the Complainant is a student:

Date of Birth: _____ Grade: _____

School Building Attending: _____

If the Complainant is an employee:

Job Title: _____ Building: _____

Complaint Details

Reporter's Name (if different than Complainant): _____

Reporter's Relationship to Complainant: _____

Reporter's Address: _____

Reporter's Phone: _____ Reporter's Email: _____

1. Describe the alleged sexual harassment that you are requesting the District investigate. Please be specific. Describe the incident(s) and identify the individuals and potential witnesses involved. Describe or attach any evidence you believe is relevant. Attach additional pages if needed.

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2. Describe the date/time/location(s) of the alleged incident(s).

3. What would you like the District to do to remedy the situation?

Complainant's/Coordinator's Signature Date

Please submit this form to:
Assistant Superintendent of Human Resources
125 S. Church Street
Brighton, MI 48116
810-299-4090
titleixcoordinator@brightonk12.com

Director of Special Education
125 S. Church Street
Brighton, MI 48116
810-299-4081
titleixcoordinator@brightonk12.com

A person alleging discrimination by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed at any time with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. Filing a complaint with the District is not a prerequisite to filing with OCR. For additional information about the District's grievance procedure, please contact the Title IX Coordinator identified above.

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