TITLE IX FORMAL GRIEVANCE FORM

PURPOSE: The purpose of the Title IX grievance procedures is to secure prompt and equitable resolutions of complaints based on sexual harassment, sexual violence and sex discrimination, including discrimination based on gender identity or expression or failure to conform to stereotypical notions of masculinity or femininity in violation of Title IX of the Education Amendments of 1972 ("Title IX") and violation of Academy policies that prohibit these types of discrimination. These procedures apply **only** 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 School Leader or Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination:

1. Name of Filer: _____

_____
Home Address City/State/Zip Home Phone

School: _____ **Grade**: _____

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? (Please circle) **Yes No**
If yes, please identify the witnesses:

_____
_____
_____

5. Did you discuss this matter with any of the witnesses identified in Item 4?
(Please circle) **Yes No**
If yes, please identify:
Person to whom you have spoken: _____
Date: _____
Method of communication:

_____
_____
_____
_____

6. Have you spoken to any administrator(s) or other Academy staff member(s) about this

matter? (Please circle) **Yes No**
If yes, please identify:
Person to whom you have spoken: _____
Date: _____
Method of communication:
_____
_____
_____
_____

7. Please describe the result of the discussion(s) identified in Item 6:
_____
_____
_____
_____
_____

PLEASE ATTACH ANY 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.

_____   _____   _____

Print Name   Signature   Date