

Madison City Schools

Student Sexual Harassment Complaint Form

This form may be used by a student, a student’s parent or guardian, or an individual acting on a student’s behalf who believes the student is a victim of sexual harassment to submit a complaint regarding sexual harassment (Board Policy 6.10 [Student Sexual Harassment]). This form should be submitted to the principal of the school. However, if the complaint concerns the principal, the complaint may be made directly to the Title IX Coordinator or the Superintendent.

Student’s Name: _____ School: _____

Your Home Phone: _____

Your Home Address: _____

Your E-mail Address: _____

Preferred method of contact (provide address, e-mail, or phone number): _____

Describe the sexual harassment, including all pertinent facts supporting the complaint.

(Attach additional paper, if needed.)

When did this happen (over what time period if continuing or more than once):

(Attach additional paper, if needed.)

Identify the person(s) whose actions led to the filing of the complaint, and all witnesses or other persons having information that is relevant to the complaint.

(Attach additional paper, if needed.)

Do you have suggestions for resolving this situation? If so, list them here:

(Attach additional paper, if needed.)

Attach copies of documents or other evidence that is relevant to the complaint.

I affirm that to the best of my knowledge, the foregoing information is true, accurate, and complete.

Signature _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Date Grievance Received: _____ Principal: _____

Date Reply Delivered: _____ Principal: _____

Date Request for Review Received: _____ Superintendent: _____

Date Response to Request Delivered: _____ Superintendent: _____

