**Title IX Complainant Form**

**PURPOSE:** The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that, prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 (“Title IX”) can be resolved as expediently and appropriately as possible.

**INSTRUCTIONS:** Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination:

**Contact our Title IX Coordinator:**  Karin Beckett

511 Cleveland Street

Durham, NC 27705

919-560-2066

[Karin.beckett@dpsnc.net](mailto:Karin.beckett@dpsnc.net)

**Section I: General Information**

|  |  |
| --- | --- |
| Date of Incident: |  |
| Time of Incident: |  |
| School/Department: |  |

Indicate how you learned that a student may have been a victim of a Title IX Violation:

You were informed by a staff member of the incident

**Who is making this report?**

School Staff Member

**Have you notified anyone at the Principal/Department Head?**

No

**Who did you notify?**

|  |  |
| --- | --- |
| First Name: | Last Name: |

**Section II: Complainant Information**

|  |  |  |
| --- | --- | --- |
| First Name: | Last Name: | |
| Address: | | |
| City | State | Zip Code: |
| Phone Number: | Email Address: | |
| School: | Grade | |
| Race/Ethnicity: Black | Gender: Female | |

**Section III: Respondent Information**

|  |  |  |
| --- | --- | --- |
| First Name: | Last Name: | |
| Address: | | |
| City | State | Zip Code: |
| Phone Number: | Email Address: | |
| School: | Grade | |
| Race/Ethnicity | Gender | |

**Section IV: Incident Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Where did the incident happen? (choose all that apply) | | | |
| Bus stop | Gym/Sports Field | Playground | Social Media |
| Classroom | Hallway | Restroom | Other Location |
| Cell phone | Lunchroom/Cafeteria | School program/activity |  |
| Employee’s office | Parking lot | School sponsored event |  |

Please specify the other location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Where there any witnesses | | | |
| First Name | Last Name | School | Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| What evidence is available? | |
| Notes, Journal Entries, Letters | School Records |
| Emails, Text messages | Medical Records |
| Pictures, Video Tapes, Audio Recordings | Police Records |
| Social Media Screenshots | Other: Please specify |

|  |
| --- |
| Please describe the incident in detail. |
|  |

|  |
| --- |
| Is there any additional relevant information that you would like to provide? |
|  |

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Students Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date