



Alma d'arte Charter High School
TITLE IX COMPLAINT FORM

Please complete this information and attach additional pages of information, if necessary. If you need assistance to complete this Complaint Form, you may contact the Title IX Coordinator.

STUDENT or EMPLOYEE NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME OF PERSON(S) RESPONSIBLE FOR CONDUCT YOU BELIEVE WAS SEXUAL HARASSMENT OR DISCRIMINATION BASED ON SEX: _____

To the best of your recollection provide the following information about the incident(s):

DATE(S): _____

TIME(S): _____

PLACE(S)(this can include technology, e.g. email, social media): _____

DETAILED DESCRIPTION OF CONDUCT: _____

NAMES AND CONTACT INFORMATION OF WITNESSES: _____

PLEASE ATTACH COPIES OF ANY DOCUMENTS, EMAILS, TEXT MESSAGES OR IMAGES TO SUPPORT YOUR COMPLAINT: _____

OTHER INFORMATION: _____

To the best of my knowledge and recollection the information above is true and correct. I understand that reporting false information about the person I have alleged committed the improper conduct, may have serious negative consequences for me and for the other person.

Signed by: _____

Date: _____