



TITLE IX SEX DISCRIMINATION/SEXUAL HARASSMENT COMPLAINT FORM

Person filing complaint:

Name:

Last

First

Middle

Home Address:

Street

City

Zip

Home Telephone: _____ Other Contact Number: _____

Person Filing Complaint is:

- Parent
- Advocate
- Student
- Employee
- Other _____

Complaint filed on behalf of:

Name:

Last

First

Middle

For Student: _____/_____/_____

Date of Birth

Grade

For Employee: _____

Employee Number

ESC

School/Work Site: _____

Please give the facts about the complaint and attached any relevant documents if available:

Date of Incident: _____/_____/_____ Place of Incident: _____

Names of Accused: _____

Name of Witnesses: _____

Brief Description of Incident: _____

Has your complaint been discussed with any WISH personnel?

- Yes
- No

If yes, to whom (person/office) have you spoken and what was the outcome? _____

Signature: _____ Date: _____