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: ____________________________