



WISH Charter School TITLE IX Complaint Form

PURPOSE: The purpose of the Title IX grievance procedures is to secure, at the lowest possible level, 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”) and violation of District policies that prohibit these types of discrimination. These procedures apply only to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting an investigation are required to complete this form and submit it to their school’s Title IX Coordinator:

WISH Community TK - 5: Trisha Lee - School Counselor - tlee@wishcharter.org
WISH Community 6 - 8: Tyler Posey - School Counselor - tposey@wishcharter.org
WISH Academy 9 - 10: Sheree Rhaburn - School Counselor - srhaburn@wishcharter.org
WISH Academy 11-12: Anna Szczubelek - School Counselor - aszczubelek@wishcharter.org
WISH TK - 12: Kimberlie Traceski - Compliance Manager - kimberlie@wishcharter.org

Last Name _____ First Name _____

Student Name (if applicable) _____ Grade ____ Date of Birth _____

Address _____

Apt. # ____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Location of Alleged Violation _____

Title IX Violation:

- | | |
|---|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Expression |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Lactating Student |

Nature of Grievance: Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

3. When did the actions described above occur? _____

4. Are there any witnesses to this matter? (Please circle) Yes / No
If yes, please identify the witnesses:

5. Did you discuss this matter with any of the witnesses identified in Item 4? (Please circle) Yes / No
If yes, please complete the following:

Name of the person to whom you have spoken: _____
Date: _____
Method of communication: _____

6. Have you spoken to any administrator(s) or other District employee(s) about this matter? (Please circle) Yes / No
If yes, please complete the following:

Name of the person to whom you have spoken: _____
Date: _____
Method of communication: _____

7. Please describe the result of the discussion(s) identified in Item 6:

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT. I certify that the foregoing information is true and correct.

Print Name

Signature

Date