

FOR OFFICE USE ONLY

Date Received:

Received by:

Response Due:

Title IX Sexual Harassment Formal Complaint Form

This form should be completed by any Title IX Complainant who seeks to have Summit Public Schools process a complaint of Title IX Sexual Harassment. This form may be filed with the applicable Title IX Coordinator, listed [here](#), in person, by mail, or by email. Please contact the Title IX Coordinator, if you have any questions regarding the process for filing or investigating Formal Complaints of Title IX Sexual Harassment.

SECTION 1: PERSON FILING COMPLAINT

A.	Person Filing Complaint: (Please check one)	<input type="checkbox"/> Employee <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Duly-Authorized Representative <input type="checkbox"/> Title IX Coordinator
B.	Full Name:	Click or tap here to enter text.
C.	Home Address:	Click or tap here to enter text.
D.	City and State:	Click or tap here to enter text.
E.	Zip Code:	Click or tap here to enter text.
F.	Telephone: Day/Evening	Click or tap here to enter text.
G.	Email:	Click or tap here to enter text.

SECTION 2: ALLEGED VICTIM INFORMATION

A.	Full Name	Click or tap here to enter text.
B.	Category: (Please check one)	<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other (i.e. parent or community member who experienced Title IX issue in our programs)

C.	Student's Date of Birth (DOB) or ID Number (if applicable):	Click or tap here to enter text.
D.	Employee ID Number (if applicable):	Click or tap here to enter text.
E.	School Name or Work Location:	Click or tap here to enter text.
F.	Home Address:	Click or tap here to enter text.
G.	City and State	Click or tap here to enter text.
H.	Zip Code	Click or tap here to enter text.
I.	Telephone	Click or tap here to enter text.
J.	Email:	Click or tap here to enter text.

SECTION 3: COMPLAINT DETAILS

A.	Date(s) of Incident(s):	Click or tap here to enter text.
B.	Location(s) of Incident(s):	Click or tap here to enter text.
C.	Frequency of Incident(s): (How often and/or number of times it occurred)	Click or tap here to enter text.
D.	Full Name(s) of Person(s) Accused	Click or tap here to enter text.
E.	Role/Relationship(s) of Accused Person(s) to Complainant	<input type="checkbox"/> Student(s) <input type="checkbox"/> Employee(s) <input type="checkbox"/> Other <input type="checkbox"/> Not enrolled as a student or employed by Summit
F.	Please check the box(es) that best describe(s) the alleged incident (Note: may include online misconduct)	<input type="checkbox"/> Hostile Environment Sexual Harassment (sexual harassment that is so severe, pervasive, and objectively offensive that it effectively denied you

		equal access to the school’s education program or activity) <input type="checkbox"/> Stalking <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Dating Violence <input type="checkbox"/> An employee of Summit conditioned an aid, service, or benefit on your participation in unwelcome sexual conduct (“quid pro quo” sexual harassment) <input type="checkbox"/> Other:
G.	Please describe what Happened: (additional pages may be attached as needed). Click or tap here to enter text.	

H.	How did you learn of the alleged misconduct? Click or tap here to enter text.	
I.	Is the alleged victim currently attempting to participate in a Summit program/activity in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J.	Name of Program or Activity Click or tap here to enter text.	
K.	Full name(s) of witness(es) Click or tap here to enter text.	

SECTION 4: REPORTING AND FOLLOW-UP ACTIONS

A.	Has your complaint been discussed with any Summit personnel? If yes, who did you speak with and what was the outcome?
	Click or tap here to enter text.
B.	Have the parties received any supportive measures? (i.e. modification of schedule, contact restrictions, deadline extensions, counseling, etc.)
	Click or tap here to enter text.
C.	Are you open to resolving the complaint through informal resolution? Please explain.

Click or tap here to enter text.

SECTION 5: REQUESTED REMEDY

If you desire a remedy or for Summit to take a particular course of action, please specify:

Click or tap here to enter text.

SECTION 6: COMPLAINT ACKNOWLEDGEMENT

Prohibition Against Retaliation

Neither Summit nor any other person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX or Summit’s Title IX policies or procedures, or because an individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an Title IX investigation, proceeding, or hearing. Intimidation, threats, coercion, or discrimination, including charges against an individual for code of conduct violations that do not involve sex discrimination or Title IX Sexual Harassment, but arise out of the same facts or circumstances as a report or complaint of sex discrimination, or a report or Formal Complaint of Title IX Sexual Harassment, for the purpose of interfering with any right or privilege secured by Title IX or Summit’s Title IX policies or procedures, constitutes retaliation. Complaints alleging retaliation may be filed according to Summit’s policies and procedures.

Informal Resolution Option

Summit offers a Title IX Informal Resolution process to resolve allegations of Title IX Sexual Harassment other than those involving an allegation of harassment of a student by an employee. This process does not include a full investigation and determination, but instead involves facilitation or mediation between the parties. You will be contacted about the option to participate in voluntary Informal Resolution, if applicable. Please be advised that Summit is required to provide a written notice of the complaint allegations to both the complainant and the accused person(s).

By signing this document, I assert that the information listed above is true to the best of my knowledge and that I am requesting that Summit Public Schools investigate this Formal Complaint of Title IX Sexual Harassment.

Signature	Click or tap here to enter text.
Date:	Click or tap here to enter text.