

## SPRING HILL SCHOOL DISTRICT

## **Title IX Discrimination Complaint Form**

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. The purpose of this form is to gather the essential facts regarding the allegation. When the form has been completed and signed by you, and then signed by the Title IX Coordinator, your complaint has been properly received and noted by the school district. We will provide you with a copy of this form as well as complete information about the Title IX complaint process. If you require emergency assistance, please call 911.

If you have questions about this form or the information to be provided, please contact: Brad Willson, District Title IX Coordinator at (913) 592-7200 or willsonb@usd230.org.

The Title IX Coordinator and/or designee investigate complaints by staff, and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.

I am filing this complaint as a (check one):							
☐ Staff Member	☐ Student		☐ Parent/Other				
Name:		School (if applica	ble):				
Work Phone:	Home	Phone:					
Home Address:							
Type of Complaint Check All That Apply							
☐ Gender Discrimination☐ Gender Inequity☐ Sexual Harassment		sault	<ul><li>□ Relationship Violence</li><li>□ Retaliation</li><li>□ Other</li></ul>				

## **Complaint**

Please provide a written summary of the complaint and attach the summary to this form.



## **Additional Information**

Name of the person or persons you believe committed the offense against you and how you have contact with them (e.g. student, supervisor, co-worker, staff).							
For retaliation complaints, please explain why you believe someone retaliated against you:							
Witnesses (The relationship information requested means co-worker, supervisor, customer, faculty, etc.; attach additional pages as needed)							
	Name	Relationship	Phone	Email			
1.							
2.							
3.							
I certify the aforementioned is true and correct.							
Your Si	Your Signature Date						
For the Title IX Coordinator and/or Designee							
Complaint taken by:							
Printed Name							
Signat	ture	 Date	Date				