

Students
TITLE IX COMPLAINT FORM

E 5130.2

PURPOSE: The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that, 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") can be resolved as expediently and appropriately as possible. This form only applies to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination.

CONTACT THE TITLE IX COORDINATOR:

Jeff Ambrosier
(907)714-8888

Name of Complainant:	Contact Information:
	Home:
	Cell:
	Other:
Student Grade:	Email Address (optional)

2. Type of Complaint:

- Sexual Harassment Sexual Assault Gender Based Harassment
 Dating Violence Stalking Retaliation
 Bullying Other: _____

3. When did the actions described above occur?

4. 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 as much detail as possible any person(s) you believe may be responsible. Please attach additional sheets if necessary.

5. Are there any witnesses to this matter?

Yes No

If yes, please identify the witnesses.

6. Did you discuss the matter with any of the witnesses?

Yes No

If yes, please state which witnesses you spoke to:

7. Have you spoken to any teachers, administrators or school staff about this?

Yes No

If yes, please identify or describe who you spoke with and the result of the discussion(s): _____

I certify the foregoing information is true and correct.

Signature

Date

Print Name