FORMAL TITLE IX SEXUAL HARASSMENT COMPLAINT FORM

District 7 does not discriminate on the basis of sex in any of its education programs or activities, and it complies with Title IX of the Education Amendments of 1972 (Title IX) and its implementing regulations (34 C.F.R. Part 106) concerning everyone in the District’s education programs and activities, including applicants for employment, students, parents/guardian, employees, and third parties. Individuals alleging sexual harassment, as defined in District Policy 2:265, shall complete and sign this form to request that the Title IX Coordinator initiate an investigation into such allegations.

Sexual harassment as defined in Title IX (Title IX Sexual Harassment) is prohibited. Any person, including a District employee or agent, or student, engages in Title IX Sexual Harassment whenever that person engages in conduct on the basis of an individual’s sex that satisfies one or more of the following:

1. A District employee conditions the provision of an aid, benefit, or service on an individual’s participation in unwelcome sexual conduct; or
2. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the District’s educational program or activity; or

This document is intended for use by individuals presently participating in or attempting to participate in an education program or activity operated or controlled by District 7. It may be filed with the Title IX Coordinator in person, by mail, or by electronic mail at the contact information provided below:

District 7 Title IX Coordinator
Dr. Adam Garrett
708 Saint Louis St.
Edwardsville, IL 62025
agarrett@ecusd7.org
(618) 656-1182

Please note, this document must be filed by or signed by the complainant in order to proceed under the District’s Title IX Grievance Process.
Name of Complainant: ______________________________________________________

Address of Complainant: ________________________________________________

Phone Number: __________________________________________________________

School Building
Complainant Works at or
Attends: ______________________________________________________________

Nature of Grievance: Please describe the action you believe may be Title IX Sexual Harassment and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

When did the above described actions take place?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Where did the above described actions take place?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Were there any eyewitnesses to the described events?

☐ YES  ☐ NO

*If “YES”, please list the names and, if known, contact information for the witnesses:*

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you discussed this matter with any school employee?

☐ YES  ☐ NO

*If “YES”, please list the names of the school employee(s) you have discussed this with, as well as when the discussion(s) took place and where it took place:*

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I certify that the foregoing information is true and correct.

Name of Complainant: ________________________________________________

Signature: ________________________________________________

Date: ________________________________________________

If filed by the Title IX Coordinator

I certify that the foregoing information is true and correct.

Name of Complainant: ________________________________________________

Signature of Title IX Coordinator: ________________________________________________

Date: ________________________________________________