



Title IX Sexual Harassment Formal Complaint Form

Pursuant to Policy JCAC and Regulation JCAC

I am filing this complaint as a (check (√) one): **Employee** **Parent/Guardian** **Student**

Submitting Person's Full Name

Mailing Address

Home Phone

Mobile Phone

Email Address

I. If this Complaint is filed on behalf of a HCS student, provide the following:

Student's Full Name

Student's Grade

Student ID (if known)

Student's School of Enrollment

II. If this Complaint is filed on behalf of a HCS employee, provide the following:

Employee's Full Name

Title

Employee's ID (if known)

Department or Assigned School

III. Carefully read and complete each section.

1. Please state the basis of your complaint for sexual harassment. Check (√) all that apply. In the lined space below, describe the details of your complaint. Be sure to describe the date, time, and location of the harassment, and the identity of all parties involved in the harassment. Attach supporting documentation and additional pages, if necessary.

“Quid pro quo” harassment (An employee of the Board conditioning the provision of an aid, benefit, or service of the Board on an individual's participation in unwelcome sexual conduct.)

Sexual harassment (Unwelcome conduct that is so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the Board's education program or activity. Explain in detail.)

Sexual Assault

Domestic Violence

Dating Violence

Stalking

2. For each person identified in question #1, please state the school of enrollment (for students) or department of employment (for employees), if known.

3. Please identify any other person who either witnessed the incident that is the basis of your complaint or who you believe may have additional information regarding this matter. State whether the identified person is a student or employee, and provide a telephone number or email address, if known.

Full Name	Student or Employee	Contact Information
-----------	---------------------	---------------------

Full Name	Student or Employee	Contact Information
-----------	---------------------	---------------------

Full Name	Student or Employee	Contact Information
-----------	---------------------	---------------------

4. Have you informed any other Henry County Schools employee of this complaint? If so, identify all persons with whom you have discussed this matter and approximate dates of your prior discussion(s).

I attest the aforementioned is true and correct to the best of my knowledge. I understand that the District may need to disclose the identity of parties listed in my complaint to complete a required investigation of the allegation(s) of sexual harassment.

Submitting Person / Complainant's Signature

Date

This completed form should be submitted to the Site-Based Title IX Coordinator (principal). A list of all Title IX Coordinators is found in the K-12 Student & Parent Handbook on pages 37-40 and on the district website at <https://schoolwires.henry.k12.ga.us/Page/136136>. District employees should submit this to the Chief of Staff.

To be completed by Title IX Coordinator

Complaint taken by:

Initial	Print Full Name	Date
---------	-----------------	------