



CHANDLER UNIFIED SCHOOL DISTRICT TITLE IX FORMAL COMPLAINT FORM

Chandler Unified School District (“the [School/District]”) complies with federal and state laws prohibiting unlawful discrimination based on race, color, national origin, sex, disability and age in its programs and activities. Any person that believes they have been harassed or discriminated against based on his/her sex can file a complaint under this procedure by contacting the School’s Title IX Coordinators as follows:

Name
Title IX Coordinator (+other title also if applicable)
address
phone (with extension if applicable)
email address

Date: _____

Complainant Name: _____

Address: _____
Street City State Zip

Telephone: _____
Home Work

Respondent Name: _____
(person whom complaint is against)

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1. Describe the alleged sexual harassment in specific terms (attach additional pages if necessary).
Include:
 - a. The specific incident or activity that is alleged to be in violation of Title IX
 - b. The name of all individuals involved;
 - c. Dates, times, and locations involved.

2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.

3. Do you want this Complaint to be formally investigated and addressed by the School?

Yes No. If "No", please clarify:

I do not want a formal investigation. I am just bringing this to the School's attention.

I do not want a formal investigation. I would like to speak with the Title IX Coordinator about my complaint.

Other (please explain): _____

Signature of Complainant

Date Signed

PLEASE RETURN THIS FORM TO THE TITLE IX COORDINATOR LISTED ON THIS FORM.