

11051 N. Cut Road Roscommon MI, 48653 Phone: 989-275-9555

Fax: 989-275-5881

TITLE IX SEXUAL HARASSMENT FORMAL COMPLAINT FORM

Title IX regulations require a Formal Complaint before beginning an investigation.

This form is being submitted by:				
□ Complainant □ Title IX Coordinator				
Complainant Name:				
Address:				
Phone: Email:				
If the Complainant is a student:				
School Building Attending:	Grade:	Birthdate:		
If the Complainant is an employee:				
Job Title:	Buildir	ng:		
Reporter's Name (if different than Complainant):				
Relationship to Complainant:				
Reporter Address:				
Reporter Phone:				
 Describe the alleged violation of the District's Title IX Sexual Harassment Policy that you are requesting the District investigate. Please be specific. Describe the specific incident(s) and identify the individuals and potential witnesses involved. Describe or attach any evidence you believe is relevant. Attach additional pages if needed. 				
2. Describe the date/time/location(s) of the alleged incident(s).				

3.	Describe your proposed resolution to address the alleged violation(s).		
Dat	te	Complainant/Coordinator Signature	
PLE	ASE SUBMIT THIS FORM TO:		

Alexis Ferguson, Human Resources Department 11051 N. Cut Road, Roscommon, MI 48653 989-275-9554 HR@coorisd.net

A person who believes that he/she has been discriminated against by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. You may file a complaint with OCR at any time. Filing a complaint with the District is not a prerequisite to filing with OCR