



# TITLE IX

## FORMAL COMPLAINT FORM

The purpose of this form is to record information required to initiate an investigation into an alleged violation of the School's Student Handbook and/or Employee Handbook. All reasonable efforts will be made to maintain the confidentiality of the parties involved during the investigation process.

It is unlawful to retaliate against a student, employee or any other person in the school for filing a complaint or for cooperating in an investigation of a complaint. All parties to a complaint may have an advisor (for union employees this may be a union representative) assist throughout the process. Formal reports that are submitted anonymously may not be investigated due to lack of sufficient information.

*If this is an emergency and/or if there is an immediate risk to either party or to others, or if you believe a crime has occurred, contact the Security Office at 508-998-3321 ext. 272 or the School Resource Officer at ext. 611. New Bedford Police may be contacted by calling 911.*

**Date:** \_\_\_\_\_ **Date(s) of alleged incident(s)** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Complainant's Name:** \_\_\_\_\_

**Check One:** Student \_\_\_\_\_ Employee: \_\_\_\_\_

**If a student: Student ID#:** \_\_\_\_\_ **Year of Grad:** \_\_\_\_\_ **Dept./CVTE Shop:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*If parent/guardian is filing on behalf of the complainant, please also include the name and contact information of parent/guardian.*

**Parent/guardian Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Type of alleged act (please check applicable category):**

- |  |   |
|--|---|
| <input type="checkbox"/> Rape/Sexual Assault | <input type="checkbox"/> Retaliation              |
| <input type="checkbox"/> Sexual Harassment   | <input type="checkbox"/> Sexual Exploitation      |
| <input type="checkbox"/> Incest              | <input type="checkbox"/> Dating/Domestic Violence |
| <input type="checkbox"/> Fondling            | <input type="checkbox"/> Stalking                 |
| <input type="checkbox"/> Statutory Rape      | <input type="checkbox"/> Retaliation              |
| <input type="checkbox"/> Other               | Please describe: _____                            |
- 

**Name of individual(s) you believe is directly involved in the act (please include names and indicate if they are teachers, 3<sup>rd</sup> party, staff or students):** \_\_\_\_\_

---

---

**List any witnesses (please include if they are teachers, staff or students):** \_\_\_\_\_

---

---

**Description of the incident – please list the sequence of events, including dates, if possible, what was said and done, and any relevant facts and statements:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

*(If additional writing space is needed, please attach additional sheets)*

**Please attach any supporting documentation such as photos, videos, emails, social media or other supporting documents.**

By completing and submitting this form, I agree that I have reviewed the School's Student Handbook and/or Employee Handbook and the School's Title IX website.



In order to initiate the formal complaint grievance process under Title IX, a complainant (or parent/guardian) must affirmatively request an investigation of the sexual harassment allegations. Please indicate below whether you are requesting an investigation.

**I am requesting an investigation by the District of the above allegation(s) of sexual harassment.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**To the best of my knowledge and belief, the above information is complete, true and accurate.**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**\_\_\_\_\_ Yes, I agree that I reviewed the School's Student Handbook and/or Employee Handbook and the School's Title IX website.**

-----  
**Received by (School Official's name/title):** \_\_\_\_\_

**Date Received:** \_\_\_\_\_