



School District of Indian River County

6500 57th Street • Vero Beach, Florida, 32967 • Telephone: 772-564-3000 • Fax: 772-564-3054

Title IX Complaint Form

1. I am filing this complaint as:

- Employee Student Parent/Guardian Third-Party (e.g. Applicant)

2. Complainant(s): Please provide the name of the person(s) who is alleged to be the victim of conduct that could constitute sexual harassment or retaliation related to sexual harassment:

Name of Complainant (or name of Parent/Guardian) if the complainant is a minor:

3. Student ID/Employee ID (if applicable):

4. Grade (if applicable):

5. Email Address:

6. Home Address:

7. Telephone Number:

8. School Name/Work Location (if applicable):

9. Please select the type of complaint you are making:

- Sexual Harassment Retaliation

10. Date(s) of the alleged incident(s):

11. Approximate time(s) of the alleged incident(s):

12. Location of the alleged incident(s):

13. Date of report made at school-site or worksite and the name of the Administrator to whom the report was made (if applicable):

14. Please provide the name of the person(s) who you believe committed the offense, i.e. Respondent(s), against the Complainant and their relationship to the Complainant (e.g. classmate, colleague, staff member, etc.):

15. Complaint: Describe your complaint. Please provide as much information as possible and attach additional pages as necessary.

16. For **retaliation complaints ONLY**, please answer questions 16(a) and 16(b) below:

- a. Please explain the protected activity (e.g. filing a complaint of sexual harassment, opposing sexual harassment, serving as a witness to a sexual harassment complaint, etc.) forming the basis for this retaliation complaint:

- b. Please explain the retaliation alleged:

17. Witnesses: Please list the names of any witnesses along with any relationship you share with this witness (e.g. co-worker, classmate, teacher, none, etc.)

18. Does evidence exist? If so, what type (e.g. text messages, photos, video, etc.)? Please keep and preserve these materials.

19. List any supportive measures being requested.

20. Is there anything else you would like us to know?

I certify that the information provided in this complaint is true and correct to the best of my knowledge. I understand it is a violation of School Board Policy and the Code of Student Conduct to provide false statements. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the district deems relevant and/or necessary to investigate this matter.

Signature:

Printed Name:

Date:

Signature of Parent/Guardian (if applicable):

Printed Name:

Date: