

FORT LEE SCHOOL TITLE IX COMPLAINT FORM

This form may be completed by any member of the Fort Lee School community who has experienced an incident that may constitute a violation of the Policy 5751. Please complete the form to the best of your ability.

Today's Date:				
Name:		Student ID:		
Phone Number:				
School/Work Location:				
Your Fort Lee Affiliation:	Student Administrator		Parent/Guardian D Other	
Incident Date:			cident Time:	
Incident Location:	Type of Incident:	Protected Class(es) Basis for Report:		
School Building/Office	Discrimination	🖵 Sex	Religion	
Outdoors on school grounds	Harassment	🖵 Gender	Veteran Status	
Fort Lee transportation	Violence/Sexual Assault	Gender Identity	Disability	
Fort Lee sponsored event	Stalking	Gender Expression	□ Age	
Other Other	Retaliation	Sexual Orientation	Genetic Information	
	Other	Pregnancy/Parenting	Marital Status	
Specific Location:		□ Race	National Origin	
		Color		
Respondent:		Recipient Student ID:		

Respondent's Fort Lee Affiliation:		Student 🛛 Teach	•	□ Administrator □ Guest
Phone Number:				
School/Work Location:				
Witness 1:			Student ID:	
Fort Lee Affiliation:	Student	Administrator	Teacher/Faculty	□ Staff □ Other
Phone Number:			E-mail:	
School/Work Location:				
Witness 2:			Student ID:	
Fort Lee Affiliation:	Student	Administrator	Teacher/Faculty	□ Staff □ Other
Phone Number:			E-mail:	
School/Work Location:				
Witness 3:			Student ID:	
Fort Lee Affiliation:	Student	Administrator	Teacher/Faculty	□ Staff □ Other
Phone Number:				
School/Work Location:				
Incident Narrative (this can be brief; a full statement will be taken by the investigator):				

Supportive Measures Requested:						
No Contact Notification	Legal Support Information	Assistance Reporting to	Other:			
Teacher Notification	Safety Plan	Law Enforcement				
Counseling	School Escort					
Workplace Adjustment	Medical Care					
	Victim Advocate Outreach					
Academic Withdrawal						
Accommodations:						
I request an interpreter	Language:					
I request accommodation(s) for	r a qualified disability	I do not request accommo	dation(s) for a qualified disability			
		_				
Action Requested:		0	Meet with Title IX Coordinator			
	□ Other					
Signature:	D	ate:				
(Signature optional unless complaint is initiated by the Title IX Coordinator. Parent/guardian may sign on behalf of their child.)						
Received By:	D	ate:				

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