



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: _____

E-mail: _____

School/Work Location: _____

Your Fort Lee Affiliation: Student Administrator Teacher/Faculty Staff Parent/Guardian Other

Incident Date: _____

Incident Time: _____

Incident Location:

- School Building/Office
- Outdoors on school grounds
- Fort Lee transportation
- Fort Lee sponsored event
- Other

Type of Incident:

- Discrimination
- Harassment
- Violence/Sexual Assault
- Stalking
- Retaliation
- Other

Protected Class(es) Basis for Report:

- Sex
- Gender
- Gender Identity
- Gender Expression
- Sexual Orientation
- Pregnancy/Parenting
- Race
- Color
- Religion
- Veteran Status
- Disability
- Age
- Genetic Information
- Marital Status
- National Origin

Specific Location: _____

Respondent: _____

Recipient Student ID: _____

Respondent's Fort Lee Affiliation:

- Student Teacher/Faculty Staff Administrator Guest
 Other _____

Phone Number: _____

E-mail: _____

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: _____

E-mail: _____

School/Work Location: _____

Incident Narrative (this can be brief; a full statement will be taken by the investigator):

Supportive Measures Requested:

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> No Contact Notification | <input type="checkbox"/> Legal Support Information | <input type="checkbox"/> Assistance Reporting to Law Enforcement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Teacher Notification | <input type="checkbox"/> Safety Plan | | _____ |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> School Escort | | _____ |
| <input type="checkbox"/> Workplace Adjustment | <input type="checkbox"/> Medical Care | | _____ |
| <input type="checkbox"/> Academic Adjustment | <input type="checkbox"/> Victim Advocate Outreach | | |
| <input type="checkbox"/> Academic Withdrawal | | | |

Accommodations:

- I request an interpreter Language: _____
- I request accommodation(s) for a qualified disability I do not request accommodation(s) for a qualified disability

Action Requested:

- No Action Informal Resolution Formal Investigation Meet with Title IX Coordinator
 Other _____

Signature: _____ **Date:** _____

(Signature optional unless complaint is initiated by the Title IX Coordinator. Parent/guardian may sign on behalf of their child.)

Received By: _____ **Date:** _____