



FORMAL COMPLAINT OF TITLE IX SEXUAL HARASSMENT

Instructions:

Any individual who is participating or attempting to participate in the education program or activities of the school system who believes that they have experienced Title IX sexual harassment may initiate the grievance process by filing a formal written complaint on this form. This form should be completed by the Complainant. If the Complainant is a student, the form may also be completed by a parent or guardian of a Complainant or the Title IX Coordinator. This form should be submitted to the Title IX Coordinator by hand delivery, mail, fax, or e-mail at the following address:

Lisa Jordan
120 Franklin Boulevard
Greensboro, NC 27401
Phone 336.370.2304
Fax: 336.370.2320
E-mail: jordanl6@gcsnc.com

Formal Complaint *(Please complete the form with as much information as possible.)*

Individual Completing Form (Please mark the status of the appropriate person):

Complainant Parent/Guardian of Complainant Title IX Coordinator

Name of Complainant: _____

Status Student Employee Other (Please specify): _____

School/Department of Complainant: _____

Position Title of Complainant: _____

Parent/Guardian of Complainant (if applicable) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email Address:** _____

Name of Respondent: _____

Status Student Employee Other (Please specify): _____

School/Department of Respondent: _____

Position Title of Respondent: _____

Parent/Guardian of Respondent (if applicable) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email Address:** _____

Did any of the incidents of sexual harassment occur on school property?

Yes No

Did any of the incidents of sexual harassment occur at a school-sponsored event?

Yes No

Please describe the sexual harassment you experienced. Attach additional sheets if needed.

Location(s) of incident(s) of sexual harassment

Please provide any additional information you wish to convey as part of this Title IX Formal Complaint (attach additional sheets if needed):

Signature

By signing below, the Complainant formally requests that school officials investigate the allegation(s) described on this form. The Complainant has received a copy of the Title IX Sexual Harassment Grievance Process and understands that submission of this form initiates that grievance process. The Complainant represents that the information in this formal complaint is true and accurate to the best of their knowledge and belief.

Signature of Complainant

Date: ____/____/____

Signature of Parent/Guardian of
Complainant (if applicable)

Date: ____/____/____

Alternative to Complainant Signature

By signing below, the Title IX Coordinator acknowledges that it would be deliberately indifferent to ignore the allegation(s) described above and that the Complainant has not chosen to file a formal complaint.

Signature of Title IX Coordinator

Date: ____/____/____