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## TITLE IX DISCRIMINATION COMPLAINT FORM

### Purpose

The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that, prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 ("Title IX") can be resolved as expediently and appropriately as possible.

### Instructions

Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination:

### 1. Contact Information:

.....	.....
NAME	STUDENT GRADE
.....	.....

### 2. Nature of Grievance:

Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

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### 3. When did the actions described above occur?

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**4. Are there any witnesses to this matter?  Yes  No**

If yes, please identify the witnesses:

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**5. Did you discuss this matter with any of the witnesses identified in Item 4?  Yes  No**

If yes, please identify:

.....

NAME OF THE PERSON TO WHOM YOU HAVE SPOKEN

.....

.....

DATE	METHOD OF COMMUNICATIONS
.....	.....

**6. Have you spoken to any administrator(s) or other school employee(s) about this matter?**

Yes  No If yes, please identify:

.....

NAME OF THE PERSON TO WHOM YOU HAVE SPOKEN

.....

.....

DATE	METHOD OF COMMUNICATIONS
.....	.....

**7. Please describe the result of the discussion(s) identified in Item 6:**

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**PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.**

**I certify that the foregoing information is true and correct.**

.....  
PRINT NAME  
.....  
SIGNATURE DATE  
.....

**For the Title IX Coordinator and/or Designee - Complaint taken by:**

.....  
PRINT NAME  
.....  
SIGNATURE DATE  
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