

Title IX Complaint Form

Pursuant to Federal Title IX of the Education Amendments of 1972 ("Title IX"), implemented at 34 C.F.R. § 106.31, subd. (a), and revised in May 2020, each MPCSD student and employee has a right to learn and work in an environment that is safe free from unlawful discrimination and are treated equally and fairly. Menlo Park City School District (MPCSD) is committed to provide a workplace and educational environment free of sexual harassment and considers such harassment to be a major offense, which may result in disciplinary action. This policy is inclusive of instances that occur while the following: on any school campus; at school-sponsored events and activities, regardless of location; through school-owned technology; and through other electronic means. **When the form has been completed and signed by you, and then signed by the Title IX Coordinator your complaint has been properly received and noted by the District.** We will provide you with a copy of this form as well as complete information about the Title IX complaint process.

The Title IX Coordinator collects the complaints and then designates an investigator complaints by faculty, staff, and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.	I am filing this complaint as a: check one: (v) <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student
	Name
	Department (if applicable) School (if applicable)
	Work Phone Home Phone
	Work Address
	Home Address
Have you brought this matter to the attention of any other employees of the District? If so, please list the name(s) of all other persons with whom you have discussed this matter.	
Type of Complaint Check all that apply (v) <input type="checkbox"/> Bullying <input type="checkbox"/> Cyber bullying <input type="checkbox"/> Gender Discrimination <input type="checkbox"/> Gender Inequity <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Sexual Misconduct <input type="checkbox"/> Stalking <input type="checkbox"/> Rape <input type="checkbox"/> Retaliation <input type="checkbox"/> Relationship Violence	



Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, customer.

Describe the corrective action you are seeking. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you:

Witnesses (The relationship information requested means co-worker, supervisor, customer, faculty, etc.)

1.	Relationship	Telephone
2.	Relationship	Telephone
3.	Relationship	Telephone

I certify the aforementioned is true and correct.



Your signature _____ Date _____

For the Title IX Coordinator

Complaint taken by

Signature _____ Print Name _____ Date _____

