

PEORIA UNIFIED SCHOOL DISTRICT #11

TITLE IX FORMAL COMPLAINT FORM



The Peoria Unified School District complies with federal and state laws prohibiting unlawful discrimination based on race, color, national origin, sex, disability and age in its programs and activities. Any person that believes they have been harassed or discriminated against based on his/her sex can file a complaint under this procedure by contacting the School's Title IX Coordinators as follows:

Jim Nelson
Title IX Coordinator
6330 W. Thunderbird Rd. Glendale, AZ 85306
623-486-6086
jannelson@pusd11.net

Date: _____

Complainant Name: _____

Address: _____
Street City State Zip

Telephone: _____
Home Work

Respondent Name: _____
(person whom complaint is against)

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1. Describe the alleged sexual harassment in specific terms (attach additional pages if necessary). Include:
 - a. The specific incident or activity that is alleged to be in violation of Title IX
 - b. The name of all individuals involved;
 - c. Dates, times, and locations involved.

2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.

3. Do you want this Complaint to be formally investigated and addressed through the Title IX process by the District?

Yes No. (If “No”, please clarify):

I do not want a formal investigation. I am just bringing this to the School’s attention. (The district Title IX Coordinator will be made aware of the incident)

I do not want a formal investigation. I would like to speak with the Title IX Coordinator about my complaint.

Other (please explain):

When checking no, there will not be an investigation into the matter, the school will work with you to implement support measures for both parties. The district Title IX Coordinator will be made aware of the situation, and the District Title IX Coordinator at her/his discretion can initiate a formal Title IX investigation on behalf of the alleged victim or victims.

Signature of Complainant

Date Signed

PLEASE RETURN THIS FORM TO THE TITLE IX COORDINATOR LISTED ON THIS FORM.