

Grizzly Challenge Charter School(GCCS)

Title IX Sexual Harassment/Discrimination Complaint Form

Reference Title IX Sex Discrimination Policy and Complaint Procedures

PERSON FILING COMPLAINT

<input type="checkbox"/> Employee <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Student <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Title IX Coordinator				
Full Name(s):			Title:	
Address:			Apt #:	
City:		State:		Zip Code:
Phone #:		Alt Phone #:		
Email Address:				

COMPLAINANT

<input type="checkbox"/> Student (Birthdate: _____) <input type="checkbox"/> Employee (ID #: _____) <input type="checkbox"/> Other-specify: _____				
Full Name:			Title:	
<input type="checkbox"/> Address same as person filing complaint (above)				
Address:			Apt #:	
City:		State:		Zip Code:
Phone #:		Alt Phone #:		
Email Address:				
<input type="checkbox"/> Student (Birthdate: _____) <input type="checkbox"/> Employee (ID #: _____) <input type="checkbox"/> Other-specify: _____				
Full Name:			Title:	
<input type="checkbox"/> Address same as person filing complaint (above)				
Address:			Apt #:	
City:		State:		Zip Code:
Phone #:		Alt Phone #:		
Email Address:				

COMPLAINT DETAILS

Name(s) of Respondent:			<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other
Name(s) of Respondent:			<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other
Name(s) of Respondent:			<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other
School/Location:		School Program/Activity:	
Date of Incident(s):		Frequency of Incident(s):	
How did you learn of the alleged misconduct?			
Is the complainant currently participating any GCCS programs or activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			

WITNESS(ES)

1.	<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other
2.	<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other
3.	<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other

NATURE OF THE COMPLAINT

Describe the events or conduct that are the basis of your complaint. What allegedly was said or done? Include the dates, times and locations of the alleged conduct/event, detailed circumstances, any people involved, and all evidence pertaining to each allegation. Attach any pertinent documentation and/or evidence.

If yes, provide suggested or additional Supportive Measures:

ACKNOWLEDGMENT

I am filing a Title IX Complaint and requesting to initiate the grievance procedure required under GCCS's Title IX Policy (referenced above). GCCS has provided me with copies of the relevant policies (by hard copy and/or web link) and I have read them.

I hereby authorize GCCS to disclose the information I have provided as it finds necessary in pursuing its investigation. I hereby certify that the information I have provided in this complaint is true and correct and complete to the best of my knowledge and belief.

I understand I may withdraw this complaint in writing at any time during this process.

I certify that the contents included in, and evidence provided with, this complaint are truthful and accurate to the best of my knowledge.

Signature: _____ Date: _____

SUBMIT BY COMPLETING THIS FORM AND
by mailing or emailing it to:

Lita Willis
Title IX Coordinator
721 Mendocino Ave, Bldg. 945
San Luis Obispo, CA 93405
lwillis@mygya.com