TITLE IX, HARASSMENT, INTIMIDATION, DISCRIMINATION & BULLYING COMPLAINT FORM

Your Name: ___________________________________________ Date: ________________________________

Date of Alleged Incident(s): ______________________________________________________________________

Name of Person(s) you have a complaint against: _____________________________________________________

List any witnesses that were present: __________________________________________________________________

Where did the incident(s) occur? ___________________________________________________________________

Please describe the events or conduct that are the basis of your complaint by providing as much factual
detail as possible (i.e. specific statements; what, if any, physical contact was involved; any verbal
statements; what did you do to avoid the situation, etc.) (Attach additional pages, if needed):
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

I hereby authorize Inspire 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 further understand that providing false
information in this regard could result in disciplinary action up to and including termination.

Signature of Complainant ________________________________ Date: ________________________________

Print Name ________________________________________________________________________________________

To be completed by the school staff:

Received by: ________________________________ Date: ________________________________

Follow up Meeting with Complainant held on: ____________________