

<b>TITLE IX SEXUAL HARASSMENT FORMAL COMPLAINT</b>
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**ANTIOCH SCHOOL DISTRICT 34**  
*Inspiring personal excellence.*

*A Title IX Sexual Harassment Formal Complaint is a document filed by a Complainant or signed by the Title IX Coordinator alleging sexual harassment against a Respondent and requesting the District investigate the allegation(s) of sexual harassment. The Complainant is an individual who is alleged to be the victim of conduct that could constitute sexual harassment under Title IX. At the time of the Formal Complaint, the Complainant must be participating in or attempting to participate in the education program or activity of the District. The Formal Complaint may be filed with the Title IX Coordinator in person or by mail or electronic mail at **Amy Mahr, Director of Human Resources, 964 Spafford St., 847.838.8457, amahr@antioch34.com** . This form is available for submitting a Formal Complaint, but is not required. The Formal Complaint must contain the Complainant's physical or digital signature, or otherwise indicate that the Complainant is the person filing the Formal Complaint. A parent/guardian may file a Formal Complaint on behalf of a minor.*

**Date:**

**Complainant Name:**

☐ Student ☐ Parent/Guardian ☐ Employee ☐ Other (please specify):

**If a student, specify school and grade:**

**If a parent/guardian or other, provide contact information:**

**Person(s) reported as victim(s) of the alleged conduct:**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

**Person(s) being reported as the alleged harasser(s):**

Name: \_\_\_\_\_

☐ Student ☐ Staff ☐ Other

Name: \_\_\_\_\_

☐ Student ☐ Staff ☐ Other

**Person(s) who witnessed or have knowledge of the alleged conduct:**

Name: \_\_\_\_\_

☐ Student ☐ Staff ☐ Other

Name: \_\_\_\_\_

☐ Student ☐ Staff ☐ Other

**Approximate date(s) and time(s) of the alleged conduct:**

**Location(s) of the alleged conduct:**

**Description of the alleged conduct, including any related evidence (may use reverse side and/or additional pages if needed):**

*By completing and signing this form, I attest that the information provided is true and accurate to the best of my knowledge.*

**Complainant Signature:**

**Date:**

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**Title IX Coordinator Signature:**

*Only if the Title IX Coordinator is signing the Formal Complaint.*

**Date:**