



**Duval County Public Schools**

Every Student. Every Day.

Office of Equity and Inclusion/Professional Standards

1701 Prudential Drive

Jacksonville, Florida 32207

(904) 390-2181 or 390-2054

Fax: (904) 390-2468

grantt1@duvalschools.org

## Title IX Complaint Form

*Please complete this form (in legible print) and return it to your School-based Title IX Coordinator (for student complaints) or to the District Title IX Coordinator (for employee complaints).*

### COMPLAINANT INFORMATION

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Check one:

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

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

Employee                    School/Department: \_\_\_\_\_

Position: \_\_\_\_\_

Other                         Describe: \_\_\_\_\_

**PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE REGARDING YOUR COMPLAINT BELOW.**

**(1.) What is/are the name(s) of the person/people who your complaint is against?**

- (2.) How do you know the person(s) (ex: classmate, supervisor, teacher, co-worker, etc.)?**
- (3.) Please describe the action and/or conduct that served as the basis of this complaint and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary.**
- (4.) When and where did the actions described above occur?**
- (5.) Are there any witnesses? If yes, please identify the name and contact information and their relationship to you.**



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**(6.) Did you discuss this matter with any of the witnesses identified above? If yes, please identify the name of the person(s) who you communicated with, the date(s) on which the communication occurred, and the method(s) of communication.**

**(7.) Have you spoken to any school employee(s) about this matter? If yes, please identify the name of the person(s) who you communicated with, the date(s) on which the communication occurred, and the method(s) of communication.**

**(8.) Is there anything else you would like us to know?**

**PLEASE ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTATION WHICH YOU BELIEVE IS RELEVANT TO YOUR COMPLAINT.**

*I certify that the information provided in this complaint is true and correct to the best of my knowledge. I understand it is a violation of School Board Policy and the Code of Student Conduct to provide false statements. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the School and/or District deems relevant and/or necessary to investigate this matter.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If minor, signature of parent/guardian)

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

If parent/guardian, print name of student: \_\_\_\_\_

Signature of School-based/District Title IX Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_