FORMAL COMPLAINT FORM TITLE IX

Instructions for filling out this form: If you believe that you have been the victim of sexual harassment, please fill out this form, sign where indicated below, and submit it by hand delivery, electronic mail, or U.S. mail using the contact information listed for the Title IX Coordinator in Millard School District.

This formal complaint form is intended for use by the alleged victim of Title IX sexual harassment (referred to in Title IX Regulations as the "complainant"). Under Title IX and the Family Educational Rights and Privacy Act (FERPA), a parent or legal guardian may sign a complaint form and otherwise act on behalf of a minor in the formal complaint process.

If you are not filling this form out as a parent or guardian and you intend to report sexual harassment against another person in the District's education program or activities, please report your concerns to the District's Title IX Coordinator so that the District can take further action. **Under federal law, only an alleged victim of sexual harassment who is currently participating or attempting to participate in the District's education program or activity (such as an enrolled student, an employee, or an applicant for employment or admission) has the right to use the formal complaint process to initiate an investigation.**

Name of complainant:		
Address:		
Telephone number:		
Email address:		
Is the complainant participatin	ng or attempting to participate in a District education program or activ	vity?
Yes No		
If you are a parent or guardiar contact information below.	n filling this form out on behalf of a minor complainant, please provid	le your
Name:		
Address:		
Telephone number:		
Email address:		

You have the right to be represented by an advisor during the complaint process. The advisor may be, but does not have to be, an attorney. If you will be represented by an attorney or other advisor in presenting your

Name:		
Address:		
Telephone number:		
Email address:		
•	viduals that you intend to bring with you to any meetings or interview de their contact information below. You may add additional pages or	
Name:		
Address:		
Telephone number:		
Email address:		
specific, factual details. Attac	d circumstances of the alleged sexual harassment causing this comp th additional sheets if necessary and indicate below how many additi Implete receipt of your complaint.)	
called the "respondent." Pleas	process, the person who is alleged to have committed the sexual hase provide the name(s) of the person or people you allege to be the exual harassment. If applicable, please include the person's title or po	respondent(s)

complaint, please identify the person and provide the contact information below. If unknown at this time, you may provide this information later.

When and where did the alleged sexual harassment occur? Please provide specific dates, times, and locations, if possible.
Please explain how the alleged sexual harassment has impacted you. This could include physical injuries as well as impacts on your ability to access or benefit from the District's education program or activities.
Please provide the names and contact information of anyone who may have witnessed the alleged conduct.
If you have reported these allegations to another person, please state to whom you reported the alleged sexual harassment and provide their contact information (if known).
Title IX does not require complainants to attempt to resolve complaints of sexual harassment informally before filing a formal complaint. Nonetheless, if you have reported these allegations to a District employee, please state when, to whom, and what response you received.
Please list below any evidence that you believe is relevant to your allegations. This could include audio or visual media, physical objects, online materials, text messages, voicemail messages, screen captures, emails, or any other item you are attaching or intend to make available for the purpose of this complaint. If known, please also identify any information in the District's possession that you believe to be relevant to your allegations and would like the District to review (such as emails or security camera footage).
Please provide any other information that would be helpful for the District in reviewing your allegations.

Please describe the outcome or	remedy you seek for this complaint.	
Please provide below your phys	sical or digital signature.	
Complainant name:		
Signature of complainant: If complainant is under 18,		
Parent's name:		
Signature of parent:		
Date of filing:		
If this formal complaint is being	signed by the District's Title IX Coordinator instead of a complainar	nt:
Title IX Coordinator Name:		_
Title IX Coordinator Signature:		_
Date of filing:		_

Notice to Complainant: This document is a legal record of the allegations of sexual harassment that you have reported to the District in order to request a formal investigation. Please keep a copy of this completed form and any supporting documentation for your records.

Any questions or concerns that you may have during this process may be directed to the District's Title IX Coordinator, George Richardson.

If, after reviewing your complaint form, the Title IX Coordinator finds that the allegations are not appropriate for a Title IX sexual harassment formal complaint process but should be investigated by the District under a different policy or procedure, your formal complaint form will be forwarded to the appropriate District personnel in accordance with District policies.

Title IX Coordinator:

George Richardson
Millard School District
285 East 450 North
Delta, UT 84624
435-864-1033
george.richardson@millardk12.org