

SCHOOL DISTRICT OF BAYFIELD

112.2-Exhibit

TITLE IX COMPLAINT FORM

To Be Filed with: Title IX Coordinator

Person Filing Complaint: _____
(Name)

Home Address: _____ Phone: _____

Status of Individual: _____
(Employee, Student, Job Applicant)

District Employee or Employees Involved in Alleged
Discrimination:

(Name) (Position, if known)

Describe the incident, including date, place, circumstances, people involved, etc., and in what way you believe you were discriminated against. Be specific. The Title IX Coordinator will explain the District's grievance procedure. The filing of a complaint with the District in no way restricts a person from seeking redress by any other means afforded by law.

Date: _____ Signature: _____

cc: Complainant

APPROVED: October 12, 1992
REVISED: January 18, 2003