

**PINE ISLAND SCHOOL DISTRICT
TITLE IX COMPLAINT FORM**

Title IX Complaint form purpose: The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged action in order to provide prompt and equitable resolutions for complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, as outlined in Title IX of the 1972 Education Amendments. This form only applies to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination. Contact our Title IX Coordinator to submit this form. Mitch Schiltz, mschiltz@pineisland.k12.mn.us, 507-356-4849. Alternatively, individuals may directly contact Mr. Schiltz in person, via email, or via phone community to report the incident. Mr. Schiltz may complete this form on the behalf of an individual.

CONTACT INFORMATION:

Name of Complainant: _____

Contact Information: _____

Student Grade (if applicable): _____

Employee Work Location (if applicable): _____

Nature of the Grievance: Please describe the action you believe may be sex discrimination as prohibited by Title IX, including complaints of sexual harassment or sexual violence. Identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

Date the actions described above occurred? _____

Are there any witnesses to this incident? _____

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If yes, please identify the witnesses:

Did you discuss this matter with any of the witnesses identified above? _____

If yes, please identify whom you have spoken to: _____

Date: _____

Method of Communication: _____

Have you spoken to any administrator or other school employee about this matter? _____

If yes, please identify whom you have spoken to: _____

Date: _____

Method of Communication: _____

Please describe the result of the discussion identified above. Please attach additional sheets, if necessary:

PLEASE ATTACH ANY ADDITIONAL STATEMENTS, NAMES OF WITNESSES, REPORTS OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that all included information is true and correct.

Printed Name

Signature

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Date