



## **Title IX Complaint Form**

(Including sexual misconduct)

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance.

To file a complaint with the Scott County School District, please complete and submit this form in person to the Office of the Federal Programs or call to make arrangements for a representative to meet with you. When this form has been completed and signed by the complainant, and then signed by the Title IX Coordinator, the formal complaint has been properly received by the Scott County School District. The complainant will be provided with a copy of this form as well as complete information about the Title IX complaint process.

Director of Federal Programs

Jill Killen

100 East First Avenue

Forest, MS 39074

601- 469 - 3861

601- 469-7991

[jkillen@scott.k12.ms.us](mailto:jkillen@scott.k12.ms.us)

Although the school district cannot commit to keeping a Title IX complaint confidential because of the Scott County School District's obligation to investigate the complaint, the District will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

**The Scott County School District grants equal educational opportunities to all qualified persons regardless of race, creed, color, sex, national origin, marital status, religion, or disability.**

**LEGAL REFERENCE: MS Code 37-15-35; 1972 Educational Amendments; Title IX; 1964 Civil Rights Act, Title VI; 1973 Rehabilitation Act, Section 503 & 504; CFR Part 84 and Part 86; Brown vs. Board of Education, 347 U.S. 483 (1954); Mississippi Public School Accountability Standards. JB\* 7-11-01**

# SCOTT COUNTY SCHOOL DISTRICT

## Title IX Complaint Form

Report Filed by:  Victim  Third Party  Anonymous

### COMPLAINANT INFORMATION

Check one:  Student  Faculty  Staff  Applicant (Student/Employee)  Other

Name \_\_\_\_\_ S-Number \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ School Email: \_\_\_\_\_

(If a student) Classification: \_\_\_\_\_ Grade: \_\_\_\_\_

(If an employee) Position/Title: \_\_\_\_\_

### TYPE OF COMPLAINT (CHECK ALL THAT APPLY)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Age                       | <input type="checkbox"/> National Origin   | <input type="checkbox"/> Sexual Misconduct  |
| <input type="checkbox"/> Bullying (Cyber-Bullying) | <input type="checkbox"/> Race              | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability                | <input type="checkbox"/> Retaliation       | <input type="checkbox"/> Stalking           |
| <input type="checkbox"/> Gender                    | <input type="checkbox"/> Religion          | <input type="checkbox"/> Veteran Status     |
| <input type="checkbox"/> Marital Status            | <input type="checkbox"/> Sexual Assault    | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Medical Condition         | <input type="checkbox"/> Sexual Harassment |   |

### RESPONDENT INFORMATION(Person you believe to be responsible for the alleged act)

Name \_\_\_\_\_ Gender  Male  Female Race \_\_\_\_\_

The respondent is:  Student  Faculty  Staff  Other \_\_\_\_\_

(If an employee) Position/Title \_\_\_\_\_ School \_\_\_\_\_

Your relationship to the respondent (if any) \_\_\_\_\_

Date/time of the alleged incident: \_\_\_\_\_ Location of alleged incident: \_\_\_\_\_

### WITNESSES (Relationship information means co-workers, supervisor, faculty, etc)

_____ Witness 1	_____ Relationship	_____ Phone
_____ Witness 2	_____ Relationship	_____ Phone
_____ Witness 3	_____ Relationship	_____ Phone

**Has this incident been reported to any other department(s) in the SCSD?**

Yes  No If yes, provide the following:

Department/School \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Was the incident reported to law enforcement:  Yes  No If yes, what agency? \_\_\_\_\_

**Describe in detail your complaint (Attach additional sheets if necessary)**

Empty box for describing the complaint.

**Describe the corrective action you are seeking (Attach additional sheets if necessary)**

Empty box for describing the corrective action.

**Complainant Certification**

I certify that the information presented in this complaint is true and correct.

\_\_\_\_\_  
(Signature of Complainant)

\_\_\_\_\_  
Date

**For School Use Only**

Complaint taken/received by:

\_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
Date