

4815 136th Ave. Hamilton, MI 49419 Phone: (269) 751-5148 #EachWillThrive

Title IX Sexual Harassment Formal Complaint Form

This form is being submitted by:	☐ Complainant	☐ Title IX Coordinator
Complainant Name:		
Address:		
Phone:		
If t	he Complainant is a s	student:
Date of Birth:	Grade:	
School Building Attending:		
If the	e Complainant is an e	employee:
Job Title:		Building:
	Complaint Detail	s
Reporter's Name (if different than	Complainant):	
Reporter's Relationship to Compla	ainant:	
Reporter's Address:		
Reporter's Phone:	Reporter's Er	mail:
	and identify the individuals	questing the District investigate. Please be a and potential witnesses involved. Describe tional pages if needed.

2. De	escribe the date/time/location(s) of the alleged	incident(s).
3. Wh	nat would you like the District to do to remedy	the situation?
Comp	lainant's/Coordinator's Signature	Date
Please	submit this form to either:	
	Sara McIntyre Director of Special Education, Title IX Coordinator Hamilton Community Schools	Tom Lagone Director of Finance and Operations, Title IX Coordinator Hamilton Community Schools

A person alleging discrimination by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed at any time with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. Filing a complaint with the District is not a prerequisite to filing with OCR. For additional information about the District's grievance procedure, please contact the Title IX Coordinator identified above.

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