Series 3000: Operation, Finance, and Property

3100 General Operations

3118-F-1 Title IX Sexual Harassment Formal Complaint Form

District Letterhead		
This form is being submitted by:	☐ Complainant ☐ Title IX Coordinator	
Complainant Name:		
Address:		
	Email:	
If the	Complainant is a student:	
Date of Birth:	Grade:	
School Building Attending:		
	omplainant is an employee:	
Job Title:	Building:	
	Complaint Details	
Reporter's Name (if different than C	complainant):	
Reporter's Relationship to Complai	nant:	
	Reporter's Email:	
investigate. Please be specific.	harassment that you are requesting the Distric Describe the incident(s) and identify the individuals ed. Describe or attach any evidence you believe is s if needed.	

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2.	Describe the date/time/location(s) of the alleged incident(s).
3.	What would you like the District to do to remedy the situation?
Co	omplainant's/Coordinator's Signature Date

Please submit this form to:

Title IX Coordinator Dr. Tom Bruce
Assistant Superintendent
Berrien Springs Public Schools
285 Sylvester Avenue
Berrien Springs, MI. 49103
tbruce@homeoftheshamrocks.org
269-471-2891

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.