



WOODHAVEN-BROWNSTOWN SCHOOL DISTRICT

Learning and Leading for Tomorrow

Administration Offices and Board of Education

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Greg T. Roberts
Director of Human Resources

WBSD TITLE IX FORMAL COMPLAINT FORM

PURPOSE: The purpose of the Title IX grievance procedures is to secure, at the lowest possible level, prompt, and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 (“Title IX”) and violation of District policies that prohibit these types of discrimination. These procedures apply **only** 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 Human Resource Office or through the building office.

Title IX Complaints (Employees or students);

Greg Roberts
Director of Human Resources
Title IX Compliance Officer

1) Name of Complainant: _____

Address: _____
(Home Address) (City/State/Zip)

Home Phone: _____ Cell Phone: _____

2) **Nature of Grievance:** Please describe the action you believe may be sex discrimination, including a complaint of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

3) **When did the actions described above occur:** _____

4) **Are there any witnesses to this matter (Please Circle):** YES NO
If Yes, please identify the witness:

5) **Did you discuss the matter with any of the witnesses identified in Item 4?**
(Please Circle) YES NO
If Yes, please identify the person to whom you have communicated:

Name	Date
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Method of Communication: _____

6) **Have you spoken to any administrators(s) or other District employee(s) about this matter:** (Please Circle) YES NO
If Yes, please identify the person to whom you have communicated:

Name	Date
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Method of Communication: _____

7) **Please describe the result of the discussions(s) identified in Item 6:**

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

I certify that the foregoing information is true and correct.

Print Name

Signature

Date