Title IX Complaint Form

Pursuant to Federal Title IX of the Education Amendments of 1972 ("Title IX"), implemented at 34 C.F.R. § 106.31, subd. (a), and revised in May 2020, each WESD student and employee has a right to learn and work in an environment that is safe free from unlawful discrimination and are treated equally and fairly. Woodside Elementary School District (WESD) is committed to provide a workplace and educational environment free of sexual harassment and considers such harassment to be a major offense, which may result in disciplinary action. This policy is inclusive of instances that occur while the following: on any school campus; at school-sponsored events and activities, regardless of location; through school-owned technology; and through other electronic means. When the form has been completed and signed by you, and then signed by the Title IX Coordinator your complaint has been properly received and noted by the District. We will provide you with a copy of this form as well as complete information about the Title IX complaint process.

The Title IX	I am filing this complaint as a: check one: (V)				
Coordinator collects	□ Faculty	□ Staff	□ Student		
the complaints and	- Tucarty	- Stan	a statem		
then designates an					
investigator					
complaints by faculty,	Name				
staff, and students who believe	Ivanic				
themselves to be	Department (if applicable)		School (if applicable)		
harmed by sexual					
harassment or					
discrimination and	Work Phone		Home Phone		
harassment related to			Home Frione		
gender.	Work Address				
Home Address					
	Have you brought this matter to the attention of any other employees of the District? If so, please lis				
	the name(s) of all other persons with whom you have discussed this matter.				
	Type of Complaint				
	Check all that apply (√)				
	□ Bullying				
	□ Cyber bullying				
	□ Gender Discriminatio	n			
	☐ Gender Inequity				
	☐ Sexual Harassment				
	☐ Sexual Assault				
	□ Sexual Misconduct				
	□ Stalking				
	□ Rape				
	☐ Retaliation				
	☐ Relationship Violence				



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	Complaint : Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.				
	Name of person or persons you believe committed the offense ag	ainst you and how you have contact	with them, e.g. supervisor, co-worker, faculty, customer.		
	Describe the corrective action you are seeking. Attach additional p	pages if necessary.			
	For retaliation complaints, please explain why you believe someone retaliated against you:				
	Witnesses (The relationship information requested means co-worker, supervisor, customer, faculty, etc.)				
	1.	Relationship	Telephone		
	2.	Relationship	Telephone		
	3.	Relationship	Telephone		
•	I certify the aforementioned is true and correct.				
	Your signature	Date			
	For the Title IX Coordinator				
	Complaint taken by Signature	Print Name	Date		
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