

Title IX Discrimination Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination on the basis of sex in the programs or activities of educational institutions which receive federal financial assistance. **When this form has been completed and signed by you, and then signed by the Title IX Coordinator and/or Designee, your complaint has been properly received and noted by Uplift Education.** We will provide you with a copy of this form as well as complete information about the Title IX complaint process. If you require emergency assistance, please call security at: _____.

Uplift Education investigates complaints by or on behalf of scholars who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.	I am filing this complaint on behalf of: <input type="checkbox"/> yourself <input type="checkbox"/> your child or a (scholar) <input type="checkbox"/> another scholar <input type="checkbox"/> a group
	Name
	School Academic Director's Name
	Address:
	City: Zip:
	Phone: Email Address:
	Employee ID: Scholar ID:
	Have you brought this matter to the attention of any person at Uplift Education? If so, please list the name(s) of all other persons with whom you have discussed this matter. _____ _____
	Type of Complaint Check all that apply (v)
	<input type="checkbox"/> Bullying <input type="checkbox"/> Cyber bullying <input type="checkbox"/> Gender Discrimination <input type="checkbox"/> Gender Inequity <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Sexual Misconduct <input type="checkbox"/> Stalking <input type="checkbox"/> Rape <input type="checkbox"/> Retaliation <input type="checkbox"/> Relationship/Domestic/Dating Violence

Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

List the name of the individuals involved in the incident(s) complained of:

Describe the location where the incident(s) occurred:

Please list all the date(s) and times when the incident(s) occurred or when the alleged acts first came to your attention:

Describe any harm suffered as a result of the incident(s) described above:

Describe the proposed remedy that is being requested:

List any witnesses to the incident(s):

1.	Telephone
2.	Telephone
3.	Telephone

I certify that, to the best of my knowledge, the foregoing information is true and correct

Your signature	Date
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For the Title IX Coordinator and/or Designee

Complaint taken by		
Signature	Print Name	Date