

Title IX Sexual Harassment Forma	l Complaint Form
This form is being submitted by: $\ \Box$	Complainant Title IX Coordinator
Complainant Name:	
Address:	
Phone:	Email:
If the C	complainant is a student:
Date of Birth:	Grade:
School Building Attending:	
If the Co	mplainant is an employee:
Job Title:	Building:
	Complaint Details
Reporter's Name (if different than Co	omplainant):
Reporter's Relationship to Complain	ant:
Reporter's Address:	
	Reporter's Email:
investigate. Please be specific. I	narassment that you are requesting the District Describe the incident(s) and identify the individuals d. Describe or attach any evidence you believe is if needed.

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?
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Co	omplainant's/Coordinator's Signature Date

Please submit this form to:

Dr. Greg Dixon
Assistant Superintendent for Human Resources]
L'Anse Creuse Public Schools
24076 F.V. Pankow Boulevard
Clinton Township, MI 48036
dixongr@lc-ps.org
586-783-6300

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.