

TITLE IX SEXUAL HARASSMENT COMPLAINT FORM

The Title IX Sexual Harassment complaint process is available for all students, parents, employees, residents, or anyone who wishes to file a formal complaint of sexual harassment based on the following Title IX regulations:

1. Quid Pro Quo (Something for something): A district employee conditioning the provision of a district aid, benefit, or service on the student's participation in unwelcome sexual conduct.
2. Hostile Environment: Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive, that it effectively denies a student equal access to the District's education program or activity.
3. Severe: Sexual assault, dating violence, domestic violence or stalking.

For all other complaints of sexual harassment that do not fit the scope and criteria of the above Title IX regulations, please file a Uniform Complaint Procedures (UCP) complaint form. For assistance in filing a Title IX Sexual Harassment complaint form, please ask an administrator or school secretary for assistance.

Note: Complaints of sexual harassment, as defined under the Title IX regulations, are not limited to the six months statute of limitations.

Contact information of the person filling out this form (Complainant).

COMPLAINANT INFORMATION

Complainant Name

Address (home or office)

City, State, Zip Code

Phone Number (Cell: home or work)

Email Address

Location (School or District Office)

STUDENT INFORMATION

Student Name

Student Age (Date of Birth)

Student's Grade

YOUR RELATIONSHIP TO STUDENT

- Parent Teacher Guardian
 Associate None of these categories

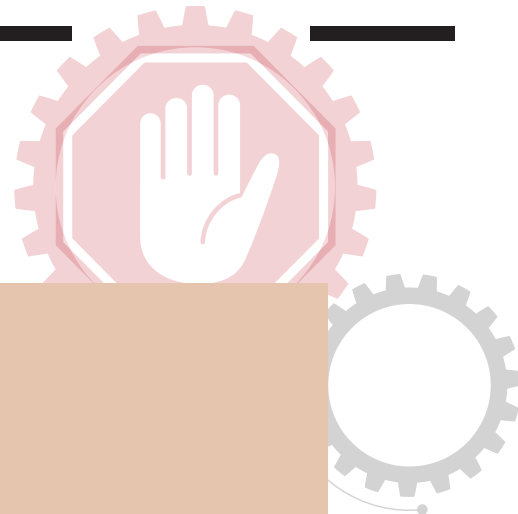


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DETAILS OF YOUR COMPLAINT

Please describe the incident or concern in as much detail as possible, such as dates, times, locations, individuals involved, statements that were made, witnesses and to whom the incident was reported.

Please attach additional sheets or documentation if necessary.



Has the incident or concern been discussed with a school administrator, employee, or his/her/their supervisor?
If so, what was the outcome?

What is your desired remedy for your complaint?

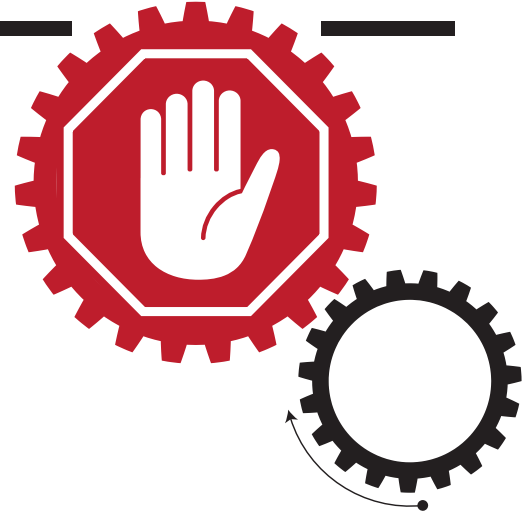
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I CERTIFY THAT THE INFORMATION I AM PROVIDING IS TRUE AND CORRECT.

COMPLAINANT'S SIGNATURE:

DATE:

SUPPORTING DOCUMENTS ATTACHED: Yes No



Complainants are advised that while the District will make an effort to protect their privacy and confidentiality, investigation of the complaint may require disclosure of certain information for 'those in the need to know.' By filing a complaint, the complainant authorizes the District to investigate and make disclosures as may be reasonably necessary to the investigation and resolution of the complaint. Complaints will be reviewed in a timely manner. You will receive an 'Acknowledgment Letter' and 'Letter of Findings' by email and U.S. mail.

Note: Retaliation for filing a complaint is prohibited. If any participant in the complaint process experiences retaliation as a result of having participated in the process, please notify the site principal and/or the Title IX Compliance Office.

PLEASE SUBMIT THIS SIGNED COMPLAINT FORM TO:

Megan Farrell
Interim District Title IX Coordinator/Compliance Officer
Berkeley Unified School District
2020 Bonar Street, Room 117, Berkeley, CA 94702
Email: complaints@berkeley.net
Phone: (510) 486-9338