

Title IX Discrimination Formal Complaint

Title IX of the Education Amendments of 1972 (20 U.S.C. 1681) is a federal law that prohibits discrimination based on sex of individuals in educational institutions that receive federal financial assistance. When a formal complaint has been filed, the Title IX Coordinator will ensure MCPS responds to the complaint. Information about the district's Title IX grievance process will be provided to the Complainant and Respondent.

- **COMPLAINANT:** An individual who is alleged to be the victim of sexual harassment.
- **RESPONDENT:** An individual who is alleged to be the perpetrator of sexual harassment.
- **FORMAL COMPLAINT:** A document filed by a Complainant (or parent/guardian) and/or signed by the Title IX Coordinator alleging sexual harassment against a Respondent and requesting that the school district investigate the allegation.

Written complaints should be mailed to the address provided below or emailed to TitleIX@mcpsmd.org

In your correspondence, please include:

- The complainant's name, address, and telephone number where the complainant should be reached during business hours;
- Information about the person(s) injured by the alleged sexual harassment;
- The name and location of the MCPS school/office where the alleged sexual harassment occurred; and
- A description of the alleged sexual harassment in sufficient detail to enable MCPS to understand what occurred and when the incident happened.

MCPS Title IX Coordinator: Gregory S. Edmundson
Director, Student Welfare and Compliance
Districtwide [Title IX Coordinator](#)
15 West Gude Drive, Suite 200
Rockville, Maryland 20850
240-740-3215

COMPLAINANT PERSONAL INFORMATION *(Please Print)*

Name _____

Email _____

Home Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Cell _____-_____-_____ Work _____-_____-_____

Student ID _____ School/Campus _____

Employee ID _____ Job Title _____

Employee's School/Office Location _____

TYPE OF COMPLAINT

Discrimination based on: *(Check all that apply)*

Sexual Harrassment Sexual Assault Gender Based Harassment Dating Violence

Stalking Retaliation Cyber Bullying Other _____

Incident Occured: Earliest ____/____/____ Latest ____/____/____

Continuing Action

RESPONDENT INFORMATION

Please list the individual(s) alleged to have engaged in sexual harassment/prohibited conduct.

Name _____

School/Department _____

Name _____

School/Department _____

NATURE OF COMPLAINT

Please specifically describe your complaint against the named person(s) in the previous section, including how the person(s) sexually harassed you, assaulted you, or retaliated against you. Please describe the behavior, comments, or incidents that caused you to file your complaint. (Identify: Who, What, When, and Where)

WHO

WHAT

WHEN

WHERE

Were there any witnesses to this matter? Yes No

If yes, please identify witnesses to the incident(s) or those who have knowledge of the incident(s).

Name _____ Relationship to you _____

Phone Number ____-____-____ Email _____

Name _____ Relationship to you _____

Phone Number ____-____-____ Email _____

Please identify any administrators, District employees, or law enforcement agency to whom you have reported your concerns:

Reported to (Name): _____ Date ____/____/____

SIGNATURES

I CERTIFY THE INFORMATION ABOVE IS TRUE AND CORRECT

Your Name Printed _____

Your Signature _____ Date ____/____/____

Title IX Coordinator/Designee Printed Name _____ Date ____/____/____

Title IX Coordinator/Designee Signature _____ Date ____/____/____