

## 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](mailto: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](#)  
850 Hungerford Drive – Room 55  
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 \_\_\_\_/\_\_\_\_/\_\_\_\_