Horizon Science Academy

Title IX COMPLAINT FORM

PURPOSE: The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that, prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 (“Title IX”) can be resolved as expeditiously and appropriately as possible. This form only applies to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination:

Contact our Title IX Coordinator: Mrs. Rachel Snyder, Principal

E-mail: Snyder@horizontoledo.org

Phone: (419) 474-3350

Location: 2600 W. Sylvania Ave., Toledo, OH 43613

1. Name of Complainant: _________________________________________________
Contact information: ______________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Student Grade: _____________

Employee School Office Location: _________________________________

2. Nature of Grievance: Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
3. When did the actions described above occur?

______________________________________________________________________________

______________________________________________________________________________

4. Are there any witnesses to this matter? (Please circle) Yes No

If yes, please identify the witnesses:

______________________________________________________________________________

______________________________________________________________________________

5. Did you discuss this matter with any of the witnesses identified in Item 4?

(Please circle) Yes No

If yes, please identify: Person to whom you have spoken: ____________________________ Date: ________________

Method of communication:

______________________________________________________________________________

______________________________________________________________________________

6. Have you spoken to any administrator(s) or other school employee(s) about this matter? (Please circle) Yes No

If yes, please identify: Person to whom you have spoken: ____________________________

Date: ________________

Method of communication:

______________________________________________________________________________

______________________________________________________________________________
7. Please describe the result of the discussion(s) identified in Item 6:

______________________________________________________________________________
______________________________________________________________________________

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

____________________________
Print Name

____________________________
Signature

____________________________
Date