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 Title IX Coordinator within thirty (30) calendar days after the conduct occurs.

Contact our Title IX Coordinator:

Name:   Alysia Mitzel
E-mail:  mitzel@horizoncolumbus.org
Phone:   614 428 6564
Address: 2350 Morse Rd. Columbus Ohio 43229

1. Name of Complainant: _________________________________________________
   Contact information: ____________________________________________________
   ______________________________________________________________________
   Home Address City/State/Zip Home Phone

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