

**Title IX Complaint**

**Information:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Are you a:** | * Parent
* Student
* Staff Member: List Position
 |
| **People Involved:** | * Student
* Staff
* Public
* Other:
 |
| **Incident Area:** | Clinic **□** Classroom **□** Outside Building **□** Parking Lot/Surrounding Area **□**Community Location **□** Locker Room **□** Office **□** Instructor Space **□** |
| **Date:** |  |
| **Contact Info:** | □ Phone: |
| (check preferred |  □ Address: |
| method of reaching | □ Email: |
| **Please detail incident:** | ***Date, Info & Initials*** |
|  |  |
| **Please list action or remedy that you are seeking:** |

|  |
| --- |
| ***Below for Office Use ONLY*** |
| ***Disciplinary Action □*** |  |
| ***Authorities Contacted:*** |  |
| ***Title IX Coordinator Notes:*** |  |
|  |
| ***Reported in Annual Security Report:*** |  |

Witness Signature:

YCS Title IX Compliance Officer Signature:

Print and submit to:

Ypsilanti Community Schools

Director of Human Resources

1885 Packard Road

Ypsilanti, MI 48197