**SECTION I. Person Filing Complaint:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Person Filing Complaint:** | | Employee  Parent  Student  Duly Authorized Representative  Title IX Coordinator | | | | | | | | |
| **Full Name:** | |  | | | | | | | | |
| **Address:** | |  | | | | | **City:** | |  | |
| **State:** |  | | **Zip:** |  | **Telephone:** |  | | **Alternate Telephone:** | |  |

**SECTION II. ALLEGED VICTIM INFORMATION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** |  | | **Category:** | Student  Employee  Other (i.e., parent or community who experienced TIX issue in our  programs) | | | |
| **Student Date of Birth (if applicable):** | |  | | **Address:** |  | **Telephone:** |  |
| **Employee Number (if applicable):** | |  | | **School Name or Work Location:** |  | **Local District:** |  |

**SECTION III: COMPLAINT DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Incident(s):** |  | | |
| **Location of Incident(s):** | |  | |
| **Frequency of Incident(s):** | |  | |
| **Full Name(s) of Person(s) Accused:** | |  | |
| **Role/Relationship(s) of Accused Person(s) to Student:** | | | Student(s)  Employee(s)  Third Party |
| **How Did You Learn of the Alleged Misconduct?** | | |  |
| **Name of Program or Activity:** | | |  |
| **Full Name(s) of Witnesses:** | | |  |

|  |  |
| --- | --- |
| **A.** | **Was the conduct severe (i.e., describe the nature of what was said or done)?** |
|  |
| **B.** | **Was the conduct pervasive (i.e., how many times did the conduct occur; how many other people were involved)?** |
|  |
| **C.** | **Was the conduct subjectively or objectively offensive or in other words would a similarly situated individual of similar characteristics (i.e., age, developmental level, protected characteristics, such as race/ethnicity, sex, etc.) find the conduct offensive?** |
|  |
| **D.** | **Did the conduct effectively limit or deny the complainant equal access to participate in or benefit from LAUSD’s education programs or activities?** |
|  |

**SECTION IV: REPORTING AND FOLLOW-UP ACTIONS:**

|  |  |
| --- | --- |
| **A.** | **Has your complaint been discussed with any LAUSD personnel? If yes, who did you speak with and what was the outcome?** |
|  |
| **B.** | **Have you received any supportive measures? (e.g., modification of schedule, contact restrictions, deadline extensions, counseling, etc.)** |
|  |
| **C.** | **Are you open to resolving the complaint through informal resolution, such as mediation or restorative justice? (Only for matters that do not involve sexual violence). Please explain.** |
|  |

**SECTION V: COMPLAINANT ACKNOWLEDGMENT:**

By signing (in writing or electronically) and dating this form, I acknowledge that I am filing a Title IX complaint and am requesting to initiate the grievance procedure under Title IX. I was provided with written grievance procedures ([via this link](https://achieve.lausd.net/cms/lib/CA01000043/Centricity/Domain/383/Attachment%20L%20Title%20IX%20Protections.pdf)) and a prompt and fair investigation into the conduct will begin. Note: All parties may voluntarily agree to an informal resolution at any time throughout the grievance process.

Signature:       Date:

**SUBMIT THIS FORM TO:**

**Los Angeles Unified School District**

**Office of Student Civil Rights**

**333 South Beaudry Avenue, 18th Floor**

**Los Angeles, CA 90017**

**Fax: (213) 241-3312**

**Email:** [**EquityCompliance@lausd.net**](mailto:EquityCompliance@lausd.net)