

**SPRINGFIELD INTERNATIONAL CHARTER SCHOOL
TITLE IX DISCRIMINATION COMPLAINT FORM**

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on gender of students and employees of educational institutions that receive federal financial assistance. The District has adopted a Grievance Procedure for Complaints of Sexual Harassment in accordance with Title IX and School Committee Policy.

This form should be completed and returned in person, by mail or by electronic mail to the Title IX Coordinator using the following contact information:

Derek Conway
413-783-2600 X141
dconway@sics-mail.net

An electronic version of this form is also available and may be submitted online via the district's website at SICS.org

The Title IX Coordinator is available to answer any questions about the Complaint Form and/or Grievance Process. Upon receipt of this Complaint Form, the Title IX Coordinator will promptly contact the Complainant confidentially to discuss any supportive measures that may be appropriate. **Supportive measures are available regardless of whether or not a formal complaint is filed.**

The Title IX Coordinator may sign and file a Complaint Form in his or her capacity as Title IX Coordinator over the wishes of a Complainant when appropriate and doing so would not be clearly unreasonable in light of the known circumstances.

Date: _____

1. COMPLAINANT:

Name:

Is Complainant a Student? Y/N If so, indicate Grade: ____ School: _____

Is Complainant an Employee? Y/N If so, indicate:

Position: _____ Primary Employment Location: _____

Home Address:

Email:

Telephone:

2. RESPONDENT(S):

Name:

Grade:

School:

3. INCIDENT:

Date(s) & Time of the Incident(s):

Location of Incident(s):

Description of Incident:

Describe with specificity the details of the alleged harassment (including names of the people involved, what occurred and what each person did and said, including specific words used)

4. WITNESSES

Please identify any witnesses to this incident.

Name

Role (student, staff, parent, etc.)

Did you discuss this matter with any of the witnesses listed above? Yes or No

If yes, please identify witness(es) to whom you have spoken and the nature of those conversations:

PLEASE ATTACH OR LIST ANY OTHER SOURCES OF INFORMATION THAT YOU FEEL ARE RELEVANT TO YOUR COMPLAINT (SUCH AS CORRESPONDENCE, EMAILS, SCREENSHOTS OR OTHER DOCUMENTS).

By signing below, I certify that the information contained in this Title IX Discrimination Form is true and correct to the best of my knowledge and I request that Springfield Int'l Charter Schools investigate the allegations contained herein.

Signature

Print Name

Date

Received by the Title IX Coordinator:

Signature of Title IX
Coordinator

Print Name

Date