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2. For each person identified in question #1, please state the school of enrollment (for students) or department of employment (for employees), if known.

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3. Please identify any other person who either witnessed the incident that is the basis of your complaint or who you believe may have additional information regarding this matter. State whether the identified person is a student or employee, and provide a telephone number or email address, if known.

Full Name	Student or Employee	Contact Information
Full Name	Student or Employee	Contact Information
Full Name	Student or Employee	Contact Information

4. Have you informed any other Houston County School employee of this complaint? If so, identify all persons with whom you have discussed this matter and approximate dates of your prior discussion(s).

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I attest the aforementioned is true and correct to the best of my knowledge. I understand that the District may need to disclose the identity of parties listed in my complaint to complete a required investigation of the allegation(s) of sexual harassment.

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Submitting Person/Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*This completed form should be submitted to the District Title IX Coordinator. District employees and students should submit this to the Director of Upper School Operations at TitleIXCoordinator@hcbe.net or at the Board Central Office 1100 Main Street, Perry, Georgia 31069.*

To be completed by Title IX Coordinator

Complaint taken by:

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Initial	Print Full Name	Date
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