ALBUQUERQUE TALENT DEVELOPMENT ACADEMY

**TITLE IX COMPLAINT FORM**

Please complete this information and attach additional pages of information, if necessary. If you need assistance to complete this Complaint Form, you may contact the Title IX Coordinator.

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| STUDENT or EMPLOYEE NAME: |  |
| MAILING ADDRESS: |  |
| PHONE NUMBER: | EMAIL ADDRESS: |
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| NAME OF PERSON(S) RESPONSIBLE FOR CONDUCT YOU BELIEVE WAS SEXUAL HARASSMENT OR DISCRIMINATION BASED ON SEX: |
| To the best of your recollection provide the following information about the incident(s):  DATE(S): |
| TIME(S): |
| PLACE(S)(this can include technology, e.g. email, social media): |
| DETAILED DESCRIPTION OF CONDUCT: |
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| NAMES AND CONTACT INFORMATION OF WITNESSES: |
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| PLEASE ATTACH COPIES OF ANY DOCUMENTS, EMAILS, TEXT MESSAGES OR IMAGES TO SUPPORT YOUR COMPLAINT: |
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|  |
| OTHER INFORMATION: |
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To the best of my knowledge and recollection the information above is true and correct. I understand that reporting false information about the person I have alleged committed the improper conduct, may have serious negative consequences for me and for the other person.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_