



METROPOLITAN SCHOOL DISTRICT OF
LAWRENCE TOWNSHIP
INDIANAPOLIS, INDIANA

Title IX Complaint Form
Investigative Report of Alleged Harassment

Date _____

Incident Reported to _____ by _____

Name of Person Investigating the Complaint _____

Complainant's Name _____

Complainant's Designation

Student ___(Age)___ Employee ___ Parent/Guardian ___ Other ___

School/Division of the Complainant _____

Name of person responsible for the harassment (Respondent)

Name(s) of any witnesses to the complaint _____

Where did the harassment occur? _____

When did the harassment occur? _____

Attach the nature of the complaint, including a detailed account of the activity in question. Include, as much as possible an exact recitation of words used, offensive touching, and/or nature of harassing activity.

Date person committing the harassment was notified (Respondent)

Respondents answer to complaint-Agrees with the facts_____Disagrees_____

Attach the nature of the response, including a detailed account of the activity in question. Include, as much detail as possible in your explanation of the alleged harassing activity.

Has an informal procedure taken place to resolve this complaint? _____

Date(s) informal process occurred _____

Corrective Action/Resolution (provide in attachment, if necessary) _____

Check here if complaint was moved to the formal process found with the Sexual Harassment Policy 5.451 and 7.335. _____

Please sign below. You may attach written documentation or any other information that you deemed pertinent to this complaint.

Complainant's Signature Date

Signature of person receiving complaint Date

Return completed form to the office of Human Resources at the Lawrence Education and Community Center, 6501 Sunnyside Road, or fax to 317-544-2091.