

CCPS COMPLAINT/INCIDENT REPORT Form
Initial TITLE IX/OCR Concern

*This Form initiates the Complaint Process **When Submitted by a Complainant***

Complainant's Full Name (Print) _____

If Complainant is not the Victim, then Relation to Victim _____

If Complainant is not the Victim, then Full Name of Victim (Print) _____

Victim Grade Level (if current student) _____ School Name _____

Home Address of Complainant _____

Phone Number of Complainant _____

Date Complainant Submitting Report _____

Describe the nature of the incident

(Please Print. Include full names of others involved directly or as witnesses and note whatever information the complainant knows about these individuals especially if they are not current students in this school. Identify whether this is an isolated incident or a continuing pattern of activity. Be as specific as possible to location, date, time of incident(s) and anyone (police, parents, other staff) who may have attempted to intervene in any manner. Add additional pages if needed.)

Identify applicable law(s) or policies(s) alleged to have been violated:

- _____ Title VI (Race, Color, National Origin) _____ Title II, Americans with Disability Act, Section 504
- _____ Sexual Harassment-Student to Student _____ Sexual Harassment-Adult to Student
- _____ Uncertain as to applicable policy or law

Complainant's requested resolution and/or corrective action:

Printed Name of Person Completing Report _____

Signature of Complainant _____ Date _____

This form, when completed by the Complainant, **should be returned to the attention of the Principal** at the location where the Victim is associated as the site Principal serves as the building level Title IX Coordinator
(Attach additional documentation as may be necessary to support complaint for building level Title IX Coordinator)

*****Office Use Below*****

Signature of Building Title IX/OCR Coordinator _____ Date Rcv'd _____

(Forward copy to District Title IX/OCR Coordinator upon request or at the end of the academic year)

Instructions to Complainant:

The Chesterfield County Schools (CCPS) District, as required by Title IX, does not discriminate on the basis of sex in its education programs and activities.

Please Note:

If you are aware of or have been a victim of any situation where it is believed that a student attending a Chesterfield County Public School has been a victim of an act of sexual discrimination (to include sexual harassment or sexual violence), please communicate with the school principal at the school which the student victim attends. The School Principal serves as the building level Title IX Coordinator.

The School Principal, as the building level Title IX Coordinator, will speak (or have a school staff individual designated by the principal speak) with you to take your complaint. If you prefer, you may elect to complete this form in advance and submit it as a formal complaint to the School Principal, as the building level Title IX Coordinator. Once received either the principal or a school staff individual designated by the principal will communicate back with you about the complaint you have filed.

To facilitate effective communication with the complaint if you elect to complete it in advance and submit it in writing, please PRINT all information and clearly write out FULL NAMES to the best of your ability in identifying both victim(s) or accused as well as how to contact you about the complaint.

If you have additional questions about this process you may visit the CCPS board docs website to access School Board Policy 6131 or you may contact the Chesterfield Title IX Coordinator, Dr. Joseph Tylus, at Joseph_Tylus@ccpsnet.net or by phone at (804) 639-8916.