



Sheffield - Sheffield Lake City Schools
1824 Harris Road
Sheffield Village, OH 44054
440-949-6181
440-949-4210 (fax)

TITLE IX FORMAL COMPLAINT FORM

The purpose of this form is to gather the essential facts surrounding your allegations. Should you have questions about this form or the information to be provided, please contact the District's Title IX Coordinator, at 440-949-6181 or mcook@sheffieldschools.org or mhall@sheffieldschools.org.

Required information:

(Complainant/Employee Name)

(School Building and Position)

(Employee Telephone Number)

(Employee Email Address)

Date of the Incident: _____

Location of the Incident: _____

Individual(s) Involved in the Incident: _____

Were there witnesses to the incident? If so, please identify: _____

(continued on the next page)



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Please describe the incident or action(s) that you believe may be sexual harassment. Please provide date(s), time(s), and location(s) as specifically as possible. *Please feel free to attach additional sheets if necessary*, as well as to submit copies of text messages, photos, emails, or other items you believe are relevant to the incident.

By signing below, I am requesting an investigation of these allegations of sexual harassment:

(Signature of Complainant or TIX Coordinator)

(Date)