

ONSTED COMMUNITY SCHOOLS BOARD OF EDUCATION

"Inspire-Challenge-Prepare...Every Person...Every Day"



10109 Slee Rd. Onsted, MI 49265 Telephone (517) 467-2173 Fax (517) 467-5600

Steve Head, Superintendent

Title IX Sexual Harassment Formal Complaint Form

			a. ••
Thi	is form is being submitted by:	☐ Complainant	☐ Title IX Coordinator
Cor	mplainant Name:		
Ado	dress:		
		If the Complainant is a st	
Dat	te of Birth:	Grad	e:
Sch	nool Building Attending:		
	If	the Complainant is an en	nployee:
Job	Title:		Building:
		Complaint Details	
Rep	porter's Name (if different than	Complainant):	
Rep	porter's Relationship to Compla	inant:	
Rep	porter's Address:		
Rep			nail:
	escribe the alleged sexual harassment that you are requesting the District investigate. Please e specific. Describe the incident(s) and identify the individuals and potential witnesses volved. Describe or attach any evidence you believe is relevant. Attach additional pages if seeded.		



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Please submit this form to:

Telephone (517) 467-2173 Fax (517) 467-5600 Steve Head, Superintendent

2.	Describe the date/time/location(s) of the alleged incident(s).			
3.	What would you like the District to do to remedy the situation?			
Co	mplainant's/Coordinator's Signature Date			

Steve Head Superintendent Onsted Community Schools 10109 Slee Rd Onsted, MI 49265 head.s@onstedschools.us (517) 467-2173

A person alleging discrimination by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed at any time with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. Filing a complaint with the District is not a prerequisite to filing with OCR. For additional information about the District's grievance procedure, please contact the Title IX Coordinator identified above.