



Title IX Formal Complaint Form

This form may be completed by any member of the CMS community who has experienced or otherwise become aware of an incident that may constitute a violation of the Federal Title IX Regulations. Please complete the form to the best of your ability.

Complainant Information		
Complainant's Name: _____ CMS Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other	Complainant's Age: _____ Complainant's Grade: _____	Incident Date: _____ Report Date: _____
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Other _____ (List other forms of contact.) <input type="checkbox"/> I need an interpreter. _____ (language requested)	School/Location Name: _____ School/Location Contact Person: _____	Incident Location: <input type="checkbox"/> school building <input type="checkbox"/> school grounds <input type="checkbox"/> school sponsored event <input type="checkbox"/> off-school campus <input type="checkbox"/> school bus _____ (other location)
Parent's Name: _____	Parent's Phone Number: _____	Parent's Email Address: _____
Type of Title IX Incident: <input type="checkbox"/> Sex/Gender Discrimination <input type="checkbox"/> Sex/Gender Harassment <input type="checkbox"/> Pregnancy/Parenting Discrimination <input type="checkbox"/> Quid Pro Quo <input type="checkbox"/> Sexual Assault/Battery <input type="checkbox"/> Dating Violence <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Stalking		
Incident Narrative: 		
Resolution Requested: <input type="checkbox"/> Informal Resolution <input type="checkbox"/> Formal Investigation		
_____ <div style="display: flex; justify-content: space-between;"> Complainant or Parent/Guardian Signature Date of Acknowledgment </div>		

FOR OFFICE USE: CMS SCHOOL OR DEPARTMENT TO COMPLETE	
Administrator Receiving Complaint:	Date Signed Complaint Received:
Respondent's Name: _____ CMS Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Other	Respondent's Age: _____ Respondent's Grade:

In compliance with Federal Law, Charlotte-Mecklenburg Schools administers all education programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age, or disability. Inquiries regarding compliance with Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex in education programs or activities, may be referred to the District's Title IX Coordinator at titleixcoordinator@cms.k12.nc.us or to the Office for Civil Rights, United States Department of Education.