



## Title IX Formal Complaint

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This complaint form is for allegations of Title IX sexual harassment which occurred in a North Providence School District education program or activity within the United States. This form must be completed as fully possible, including documentary evidence, to enable the District to conduct a full and fair investigation under Title IX regulations and the District Title IX Policy and Protocol.

This Formal Complaint is not considered complete or filed unless signed by either the Complainant<sup>1</sup> or the Title IX Coordinator and it has been received by the Title IX Coordinator's office. The District will initiate a full Title IX investigation only upon the Title IX Coordinator's office receipt of a completed and signed Formal Complaint.

**NO OTHER INDIVIDUAL IS PERMITTED TO SIGN A FORMAL COMPLAINT.**

**Complainant:** \_\_\_\_\_ **District address/location:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Secondary phone number:** \_\_\_\_\_

**Date and time of alleged incident(s):** \_\_\_\_\_

**Name of person(s) you believe perpetrated the incident(s):** \_\_\_\_\_

**List any witnesses present:** \_\_\_\_\_

**Location of the incident(s):** \_\_\_\_\_

*Describe the incident(s) as clearly as possible, including such things as: any verbal statements (i.e. threats, requests, demands, etc.); what (if any), physical contact was involved; what communication occurred (i.e. via text, email, social media, phone calls, etc.); or anything else related to this incident. Attach additional pages if necessary. Please provide any information you believe would be helpful in investigating this formal complaint.*

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<sup>1</sup> A Complainant is an individual alleging that he or she has been a victim of Title IX sexual harassment.



By signing below, I certify that the information I have provided in this formal complaint is true, correct, and complete to the best of my knowledge and belief. Further, by signing below, I acknowledge that I have an opportunity to receive reasonable supportive measures while this formal complaint and the allegations therein are investigated. Further, by signing below, I acknowledge that I am aware of the District's policy prohibiting knowingly making false statements or knowingly submitting false information during this grievance process and to do so within this formal complaint or any subsequent opportunity to provide information to the District will place me in breach of said policy and subject to potential disciplinary proceedings.

\_\_\_\_\_  
Complainant or Title IX [printed name]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by [printed name]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date