NORTH PROVIDENCE PUBLIC SCHOOLS
1820 MINERAL SPRING AVENUE
NORTH PROVIDENCE, RI 02904

Title IX Formal Complaint

This complaint form is for allegations of Title IX sexual harassment which occurred in a North Providence Schools' [the 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[1] 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: _____ **School location:** _____

Complainant is a: ☐ Student ☐ Employee ☐ Parent/Guardian ☐ Other: _____

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): _____

*Details regarding the incident(s) must be provided on page 2 of this form. Please sign both pages.

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 [printed name]	Signature	Date

**If the complainant is a minor student, the parent/legal guardian must print and sign.*

_____	_____	_____
Received by [printed name]	Signature	Date

[1]A Complainant is an individual who is alleged to be the victim of conduct that could constitute sexual harassment.

North Providence Public Schools does not discriminate on the basis of race, color, religion, ancestral origin, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law. Individuals with disabilities may contact the Superintendent's office to request reasonable accommodations to participate in a program or activity sponsored by North Providence Public Schools.

Title IX Formal Complaint (continued)

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.

Supporting Documentation: Check any supporting materials attached to this complaint:

☐ Text Messages / Emails ☐ Photos / Videos ☐ Social Media Posts ☐ Police / Incident Reports

☐ Other: _____

_____	_____	_____
Complainant [printed name]	Signature	Date
_____	_____	_____
Received by [printed name]	Signature	Date

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