

HSAP Title IX COMPLAINT FORM

PURPOSE: The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that, prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 (“Title IX”) can be resolved as expediently and appropriately as possible. This form only applies to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the Title IX Coordinator within thirty (30) calendar days after the conduct occurs.

Contact our Title IX Coordinator:

Name: C. Seeley

E-mail: seeley@horizoncolumbus.org

Phone: 614-532-3311

Address: 2899 Morse Road, Columbus, Ohio 43231

1. Complainant Information:

Name of Complainant: _____

Contact information (Home Address City/State/Zip Home Phone): _____

Student Grade: _____

Employee School Office Location: _____

2. Nature of Grievance: Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

3. When did the actions described above occur?
