

MISSOULA COUNTY PUBLIC SCHOOLS

**Bullying, Discrimination, Harassment, Violence and/or Retaliatory Conduct in Violation of Title IX
Complaint Form**

This form may be completed by any student or staff member of Missoula County Public Schools who has experienced or otherwise become aware of an incident that may constitute sexual harassment in violation of Title IX and/or Board Policy 3225.

Please complete this form to the best of your ability.

Today's Date:

Name:	E-mail:
Phone Number:	Preferred Method of Contact:
School:	Affiliation:
Incident Date(s):	Incident Time:

Incident Location: <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> School Sponsored Event <input type="checkbox"/> Online / Electronic Communication	Type of Incident: <input type="checkbox"/> Bullying <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Retaliation <input type="checkbox"/> Violence
---	--

Please list specific location:

Party Involved:	Affiliation:	School:
Phone number involved:	E-mail involved:	

Social Media Accounts involved: <input type="text"/>	<input type="checkbox"/> Instagram	<input type="checkbox"/> Facebook	<input type="checkbox"/> Snapchat
	<input type="checkbox"/> TikTok	<input type="checkbox"/> Twitter	<input type="checkbox"/> YouTube

Statement of Incident:

Statement of Incident continued:

Supportive Measures Requested:		
<input type="checkbox"/> Academic Adjustment	<input type="checkbox"/> Faculty Notification	<input type="checkbox"/> Safety Plan
<input type="checkbox"/> Counseling	<input type="checkbox"/> No Contact Order	
<input type="checkbox"/> Other:		

Accommodations:
<input type="checkbox"/> I request accommodation(s) for a qualified disability
<input type="checkbox"/> I do NOT request accommodation(s) for a qualified disability

Resolution Requested:		
<input type="checkbox"/> No Action	<input type="checkbox"/> Informal Resolution (if available)	<input type="checkbox"/> Formal Resolution (Investigation and Determination)

Complainant Signature:	Date:
------------------------	-------

FOR OFFICE USE ONLY	
Received by:	Date:

NOTICE: In the absence of a formal complaint signed by a student or parent alleging a violation of Title IX, the Title IX Coordinator may sign a formal complaint. In the event that the Title IX Coordinator signs the formal complaint, the District’s Grievance Procedure will apply.

Title IX Coordinator Signature:	Date:
---------------------------------	-------