

WEST BONNER COUNTY SCHOOL DISTRICT #83

Title IX - FORMAL COMPLAINT FORM

This form may be completed by any member of the West Bonner County School District #83 community who has experienced or otherwise become aware of an incident that may constitute a violation of the Board Policy 3085 - Sexual Harassment, Discrimination, and Retaliation. Please complete the form to the best of your ability.

Today's Date: _____

Name: _____

Recipient ID: _____

Phone Number: _____

E-mail: _____

Preferred Method of Contact: Phone E-mail Text Message Other _____

College/University Role: Undergraduate Student Graduate Student Faculty Staff Alumni Guest

Incident Date: _____

Incident Time: _____

Incident Location:

- Campus Building
- Campus Outdoors
- Organization House
- Off Campus
- College/University-Sponsored Event

Type of Incident:

- Dating/Domestic Violence
- Discrimination
- Harassment
- Retaliation
- Sexual Assault
- Stalking
- Other _____

Protected Characteristic(s) Basis for Report:¹

- Age
- Color
- Disability
- Ethnicity/Ethnic Characteristics
- Genetic Information
- Marital or Familial Status
- National Origin/Shared Ancestry
- Pregnancy or Related Condition
- Race
- Religion
- Sex
- Veteran Status
- Not Listed

Specific Location: _____

Respondent: _____

Recipient ID: _____

College/University Role: Student Faculty Staff Alumni Guest Other _____

Phone Number: _____

E-mail: _____

Social Media Accounts: Facebook Instagram Snapchat Tik Tok YouTube Other _____

Witness 1: _____

Recipient ID: _____

College/University Role: Undergraduate Student Graduate Student Faculty Staff Alumni Guest

Phone Number: _____

E-mail: _____

Witness 2: _____

Recipient ID: _____

College/University Role: Undergraduate Student Graduate Student Faculty Staff Alumni Guest

Phone Number: _____

E-mail: _____

Witness 3: _____

Recipient ID: _____

College/University Role: Undergraduate Student Graduate Student Faculty Staff Alumni Guest

Phone Number: _____

E-mail: _____

Incident Narrative (this can be brief; a full statement will be taken later, if desired and as necessary):

First Reading

Supportive Measures Requested:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> No Contact Order | <input type="checkbox"/> Residence Hall Relocation | <input type="checkbox"/> Assistance Reporting to Law Enforcement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Faculty Notification | <input type="checkbox"/> Facility Access Plan | <input type="checkbox"/> Academic Withdrawal/LOA | _____ |
| <input type="checkbox"/> On-Campus Counseling | <input type="checkbox"/> <<Campus Police>> Escort | <input type="checkbox"/> Academic Withdrawal (full) | _____ |
| <input type="checkbox"/> Off-Campus Counseling | <input type="checkbox"/> On-Campus Medical Care | <input type="checkbox"/> Legal Support Information | _____ |
| <input type="checkbox"/> Work Schedule Adjustment | <input type="checkbox"/> Off-Campus Medical Care | <input type="checkbox"/> [Visa/Immigration Information] | _____ |
| <input type="checkbox"/> Academic Adjustment | <input type="checkbox"/> Victim Advocate Outreach | | |

Accommodations & Support:

- I request an interpreter Language: _____
- I request accommodation(s) for a qualified disability I do not request accommodation(s) for a qualified disability

Action Requested:

- No Action Informal Resolution Investigation
- Meet with <<Title IX Coordinator>> Other _____

Signature: _____ Date: _____

Received By: _____ Date: _____

First Reading