



## ATTACHMENT 4

# Seattle Public Schools Sexual Harassment & Sexual Assault Complaint Form

### **PURPOSE:**

If you believe that you or an SPS student or staff member has been sexually harassed or sexually assaulted, please complete this form, sign it and submit it to the Title IX Coordinator.

The Title IX Coordinator can be contacted by calling 206-252-0367 or emailing [title.ix@seattleschools.org](mailto:title.ix@seattleschools.org)

Mailing Address: Human Resources, Seattle Public Schools, MS 33-157; P.O. Box 34165, Seattle, WA 98124-1165

### **DEFINITION:**

Sexual Harassment occurs when submitting to the harasser's sexual demands is a stated or implied condition of obtaining a work or educational opportunity or other benefit; or submission to or rejection of sexual demands is a factor in a work, school, or other SPS-related decision affecting an individual; or unwelcome sexual or gender-directed conduct or communication interferes with an individual's performance or creates an intimidating, hostile or offensive environment. This conduct may take many forms, including making unwelcome, offensive or inappropriate sexually suggestive comments, gestures or jokes; standing too close, inappropriate touching, cornering, or stalking a person; or displaying offensive or inappropriate sexual illustrations on school property.

Sexual assault is any unwanted, non-consensual sexual contact against any individual, by force (against a person's will) or when a person cannot give consent (under the age of consent, intoxicated, developmentally disabled, mentally/physically unable to consent, etc.).

### **INSTRUCTIONS:**

Please complete all sections of this form. Be as specific as possible when discussing the incidents. Include the date(s), the incident(s) that occurred, the name(s) of the person(s) involved, and the name(s) of those who may have witnessed the incident(s). Your complaint is not limited to the space provided. You are encouraged to attach additional materials, which may assist in the investigation process.

If you have any questions regarding the complaint process and/or complaint form, please contact the Title IX Coordinator.

Deliver the original of this Complaint form to any school principal or the Title IX Coordinator.

**I. Personal Information (PLEASE PRINT):**

Your Name: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

☐ Employee ☐ Student

☐ Parent/Guardian on behalf of student

☐ Other Adult

**II. Type of Complaint** (Please mark all that apply):

In addition to a complaint for Sexual Harassment or Sexual Assault, please check all categories that apply:

☐ Bullying

☐ Discrimination based on:

☐ Race ☐ Color ☐ Religion ☐ Ancestry ☐ National Origin  
☐ Economic Status ☐ Gender ☐ Sexual Orientation ☐ Gender Identity  
☐ Pregnancy ☐ Marital Status ☐ Physical Appearance ☐ Disability  
☐ Age ☐ Veteran

☐ Retaliation

**III. Date Discrimination/Harassment/Assault/Retaliation/Bullying allegedly took place:**

Earliest \_\_\_\_\_

Latest \_\_\_\_\_

☐ Continuing Action

**IV. Person(s) allegedly discriminating/harassing/assaulting/retaliating/bullying:**

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_

Please describe your complaint against the named person(s) in Section IV. Specifically, how were you or your child sexually harassed or sexually assaulted? Describe the behavior, comments, or incidents that caused you to file your complaint. Attach additional pages, if necessary.

[illegible]

**VI. Please identify all District Management staff to whom you have reported your concerns:**

Reported to (Name): \_\_\_\_\_ Date: \_\_\_\_\_

Describe how concerns were reported:

Results:

Reported to (Name): \_\_\_\_\_ Date: \_\_\_\_\_

Describe how concerns were reported:

Results:

Reported to (Name): \_\_\_\_\_ Date: \_\_\_\_\_

Describe how concerns were reported:

Results:

**VII. Person(s) who have knowledge of the events described in Section V:**

(These people either witnessed incident(s) or have knowledge of events. Please attach additional names if needed.)

Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
colleague, student, teacher, etc.

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
colleague, student, teacher, etc.

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
colleague, student, teacher, etc.

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**VII. Continued**

Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
colleague, student, teacher, etc.

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **VIII. Corrective Action Desired:**

How you would like the District to resolve your complaint?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Other Information

The Title IX Coordinator or an investigator retained by them will conduct an investigation of the circumstances involving your complaint, and will interview you and the person(s) named by you in your complaint, to attempt resolution. The District may, at its discretion, contact others in the course of its investigation.

If you request that your identity remain anonymous, this may prevent the District from conducting an effective investigation, and impact the District's ability to resolve your complaint.

It is both illegal and against District policy for anyone to retaliate against you for filing your complaint. Please contact the Title IX Coordinator immediately if you or any witness experience any retaliation or negative repercussions from filing your complaint. In the same manner, retaliation is prohibited against the subject of complaints.

In addition to filing this complaint, you have the right to file a similar complaint with an external agency, such as local law enforcement agencies, the Washington State Office of Superintendent of Public Instruction (OSPI) or the federal Department of Education, Office of Civil Rights.

Basic information regarding the process and your rights is available on the District website at [http://www.seattleschools.org/district/title\\_ix](http://www.seattleschools.org/district/title_ix)

Please deliver this complaint to any school principal or the Title IX Coordinator.

## AFFIRMATION

I affirm that the information and documentation I have provided with regard to this complaint is true and accurate to the best of my knowledge. I acknowledge that knowingly providing false information or information that I do not believe to be true in this complaint form or during the investigation may subject me to disciplinary action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

To be filled out by District Representative

Date received: \_\_\_\_\_

By Title IX Coordinator (name): \_\_\_\_\_.

Assigned to \_\_\_\_\_ on \_\_\_\_\_ for investigation.

Signed: \_\_\_\_\_