

Title IX Sexual Harassment Formal Complaint Form

This form is being submitted by:	□ Complainant □ Title IX Coordinator					
Complainant Name:						
Address:						
	Email:					
lf th	e Complainant is a student:					
Date of Birth:	of Birth: Grade:					
OSTC Campus or Program:						
If the	Complainant is an employee:					
Job Title:	Building:					
	Complaint Details					
Reporter's Name (if different than	Complainant):					
Reporter's Relationship to Complete	ainant:					
Reporter's Address:						
Reporter's Phone:	Reporter's Email:					
investigate. Please be specifi	I harassment that you are requesting the District c. Describe the incident(s) and identify the individuals ved. Describe or attach any evidence you believe is jes if needed.					

2	Describe the	date/time/loc	ention(s)	of the alle	ned incident/	2)
Ζ.	Describe the	uale/lime/iou	auon(s)		jeu incluent(5).

A person alleging discrimination by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed at any time with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. Filing a complaint with the District is not a prerequisite to filing with OCR. For additional information about the District's grievance procedure, please contact the Title IX Coordinator identified above.