

**THE PAUL R. BROWN LEADERSHIP ACADEMY**

**TITLE IX GRIEVANCE/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 in violation of Title IX of the Education Amendments of 1972 (“Title IX”) can be resolved as expediently and appropriately as possible. This form covers the following: sex discrimination, including complaints of sexual harassment, sexual violence, sexual orientation, gender identity, and discrimination based on pregnancy.

**INSTRUCTIONS:** Individuals alleging Title IX discrimination and requesting review may use this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination:

**Title IX Coordinator: Mr. Sylvester Pittman**

**1. Name of Complainant:** \_\_\_\_\_

**Contact information for complainant (or parent of the complainant is a minor):**

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email address

**If a student, school:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**If an employee, school or department:** \_\_\_\_\_  
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?**

\_\_\_\_\_  
\_\_\_\_\_

**If the actions described above occurred more than 90 days ago, describe the reason for the delay in reporting:**

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**4. Are there any witnesses to this matter? (Please circle) Yes No**

If yes, please identify the witnesses:

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**5. Did you discuss this matter with any of the witnesses identified in Item 4?**

(Please circle) Yes No

If yes, please identify:

Person to whom you have spoken: \_\_\_\_\_ Date: \_\_\_\_\_

Method of communication:

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**6. Have you spoken to any administrator(s) or other PRBLA employee(s) about this matter?**

(Please circle) Yes No

If yes, please identify:

Person to whom you have spoken: \_\_\_\_\_ Date: \_\_\_\_\_

Method of communication:

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**7. Please describe the result of the discussion(s) identified in Item 6:**

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**PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.**

*I am requesting that an investigation into these allegations be performed and certify that the foregoing information is true and correct.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date