

# Napoleon Community Schools

200 West Street, P.O. Box 308  
Napoleon, Michigan 49261-0308  
(517) 536-8667

## Title IX Sexual Harassment Formal Complaint Form

This form is being submitted by:  Complainant  Title IX Coordinator

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### If the Complainant is a student:

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School Building Attending: \_\_\_\_\_

### If the Complainant is an employee:

Job Title: \_\_\_\_\_ Building: \_\_\_\_\_

### Complaint Details

Reporter's Name (if different than Complainant): \_\_\_\_\_

Reporter's Relationship to Complainant: \_\_\_\_\_

Reporter's Address: \_\_\_\_\_

Reporter's Phone: \_\_\_\_\_ Reporter's Email: \_\_\_\_\_

1. Describe the alleged sexual harassment that you are requesting the District investigate. Please be specific. Describe the incident(s) and identify the individuals and potential witnesses involved. Describe or attach any evidence you believe is relevant. Attach additional pages if needed.

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2. Describe the date/time/location(s) of the alleged incident(s).

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3. What would you like the District to do to remedy the situation?

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Complainant's/Coordinator's Signature

Date

**Please submit this form to:**

Chris Adams, Title IX Coordinator  
Napoleon Community Schools  
P.O. Box 308 200 West Street  
Napoleon, MI 49261  
Chris.adams@napoleonschools.org  
517.905.5718