

## Title IX Sexual Harassment Complaint Form

Non-Discrimination Statement - It is the policy of the Shelby County Board of Education that no person shall be denied employment, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of disability, sex, race, religion, national origin, color, or age. Ref: Sec.1983, Civil Rights Act, 42 U.S.C.: Title VI and VII, Civil Rights Act of 1964; Rehabilitation Act of 1973, Sec. 504, Age Discrimination in Employment Act; Equal Pay Act of 1963; and the Title IX of the Education Amendment of 1972.

In accordance with Title IX (20 U.S.C. §1681, et seq.) the Shelby County Board of Education strictly prohibits discrimination on the basis of sex or gender in its programs or activities, including sexual harassment, as defined by law and Board policy. Sexual harassment complaints filed under Title IX regulations will require a completed Complaint Form and review from the Title IX Coordinator.

### Shelby County Schools Title IX Coordinator Information

Michael Jones, Coordinator of Student Services

410 East College Street

Columbiana, Alabama 35051

(205) 682-7049

(205) 682-7045 Fax

[mjones@shelbyed.org](mailto:mjones@shelbyed.org)

---

### Students:

If you are a student who believes you have been a victim of sexual harassment, including sexual assault, sexual violence, or other sexual misconduct while on school grounds, school bus, school activity or online, you may report such conduct or file a complaint under Title IX with the Title IX Coordinator of Shelby County Schools.

Sexual Harassment is defined under Title IX guidelines as, "unwelcome conduct on the basis of sex that is so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the school's education program or activity".

I am filing this complaint as a:  Student  The Parent/Legal Guardian of:

Student Name \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Parent/Legal Guardian Contact Number (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

**Type of Complaint:**  Sexual Harassment  Sexual Assault  Sexual Misconduct

Other; Explain: \_\_\_\_\_

**Describe your complaint. Please summarize below and use additional pages if necessary.**

---

---

---

---

---

---

---

---

---

---

**Name of person or persons you believe committed the offense against you.**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**When and where did the incident occur?**

School Grounds  School Bus  Online  School Activity; Explain: \_\_\_\_\_

**How you do know the person or persons?**

\_\_\_\_\_

**Do you have classes together with the person or persons:**

NO  YES if so, which classes: \_\_\_\_\_

**Do you participate in extracurricular activities with the person or persons:**

NO  YES if so, which activities: \_\_\_\_\_

**Have you brought this matter to the attention of anyone else at the school or law enforcement? If so, please list the name(s) of the people and their positions with whom you have discussed the matter.**

1) \_\_\_\_\_ Position: \_\_\_\_\_

2) \_\_\_\_\_ Position: \_\_\_\_\_

3) SRO or Law Enforcement: \_\_\_\_\_

**Witnesses:**

1) \_\_\_\_\_ Contact Information: \_\_\_\_\_

2) \_\_\_\_\_ Contact Information: \_\_\_\_\_

3) \_\_\_\_\_ Contact Information: \_\_\_\_\_

**Describe the corrective action you are seeking:**

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



I hereby affirm that all information provided above is true and accurate. By submitting this form you are signing this form electronically. You agree your electronic signature is the same as handwritten signatures for the purposes of validity, enforceability, and admissibility. ESIGN Act.\*

Legal Name (PRINTED) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

For Administrative Use Only:		
<b>Complaint taken by:</b>		
Official Name /Title	Signature	Date
<b>Title IX Coordinator:</b>		
Print Name	Signature	Review Date