



COMPLAINT OF ALLEGED HARASSMENT, DISCRIMINATION, or BULLYING

This form serves as a formal filing of a Bullying, Harassment, Discrimination, or Title IX Sexual Harassment complaint to Cedar Falls School District. Please provide as much detail as possible when completing the information below. Return this form to your school administrator and/or to the Title IX Coordinator at the Cedar Falls Administration Center.

Today's Date:		School or Department:	
Incident Date:		Time:	Location:

Complainant's Name:		Grade or Role:	
Email:		Phone Number:	
Home Address:			

I wish to file a formal complaint against:

Name(s) of Person(s) Responsible (accused)	Grade/Role

If applicable, checkmark alleged basis of Harassment, Discrimination or Bullying Select all that may apply:

<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Religion	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Gender	<input type="checkbox"/> Color	<input type="checkbox"/> Sex
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Race	<input type="checkbox"/> Mental or physical disability	<input type="checkbox"/> Unsure
<input type="checkbox"/> Racial Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Unknown

Describe the incident in detail. What happened to you that caused you to file this complaint? Provide details of: Who?, What?, Where?, How?, and whether witnesses were present. (Attach additional pages if necessary)

List and attach to this complaint any supporting documentation, such as emails, screenshots, text messages, etc.
 WARNING: Do not attach any explicit photographs or videos. Please describe photographs or videos in detail in the narrative.
 Photographs and videos will be requested for viewing if necessary.

Type	Description	Date

List All Names(s) of Person(s) with Knowledge of the Incident	Grade / Role

Is there anyone who could provide more information regarding this complaint? Please list:	Grade / Role

Have you attempted to discuss your complaint with any District personnel? If so, with whom and what was the result?

What outcome would you like to see for this situation?

By signing below, I attest that all information on this form is accurate and true to the best of my knowledge. I understand that as a result of my filing a formal complaint the school district will conduct an investigation into this matter.

 Signature of Complainant

 Date

 Signature of Person Completing this form
(if different from the Complainant)

 Date

Return this form to your school administrator and / or the District Title IX Coordinator Tara Estep (tara.estep@cfschools.org).

Received by:	Title:	Date:
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