



"Home of the Bobcats"

Whiteford Agricultural School District

of the Counties of Lenawee and Monroe, Michigan

6655 Consear Road
Ottawa Lake, MI 49267
734-856-1443

Superintendent/Business Office Fax: 734-854-6463
Middle School/High School Fax: 734-856-2564
Elementary School Fax: 734-856-4724

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:

School Building Attending: _____ Grade: _____ Birthdate: _____

If the Complainant is an employee:

Job Title: _____ Building: _____

Reporter's Name (if different than Complainant): _____

Relationship to Complainant: _____

Reporter Address: _____

Reporter Phone: _____ Reporter Email: _____

1. Describe the alleged violation of the District's Title IX Sexual Harassment Policy that you are requesting the District investigate. Please be specific. Describe the specific incident(s) and identify the individuals and potential witnesses involved. Describe or attach any evidence you believe is relevant. Attach additional pages if needed.
