

Title IX Discrimination Complaint Form

(including gender equity/sexual harassment/sexual violence)

Cielo Vista Charter
650 S Paseo Dorotea
Palm Springs, CA 92264
760-416-8250

To file a complaint with the school, please complete and mail, email or bring this form to the office designated above. Or, you may call the office to make arrangements for a representative to meet with you there or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the office above to schedule an appointment.

Although the school cannot commit to keeping a complaint of discrimination confidential because of the school's obligation to investigate the complaint, the school will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Please feel free to contact the office designated above if you have any questions regarding the process for filing or investigating complaints of discrimination (including sexual harassment).

Note: A victim of discrimination or harassment is encouraged to use the school's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor, or Office of Civil Rights.

CONFIDENTIAL TITLE IX DISCRIMINATION COMPLAINT FORM

AFFILIATION

- Certificated employee
- Classified employee
- Administration
- Employment Applicant
- Student
- Parent/Guardian
- Other. Please explain your affiliation:

COMPLAINANT:

Last Name

First Name

MI

Address

Work Telephone

Home Telephone

NATURE OF COMPLAINT: (Check one or more)

- Sexual Orientation
- Sexual Harassment/Workplace Violence
- Gender/Sex
- Other. Please explain:

PERSON WHO DISCRIMINATED AGAINST YOU:

Name

Title

Department

DESCRIPTION OF COMPLAINT: Describe your complaint and why you believe this person discriminated/retaliated against you. Explain why you have contact with this individual, e.g. supervisor, co-worker, faculty, customer, etc. Give date(s), time(s), place(s) the discrimination/retaliation occurred. (Attach additional pages as necessary.) **ATTACHMENT:**

PREVIOUS ACTION: Have you brought this matter to the attention of any other department(s) at the school? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter. **ATTACHMENT:**

COMPLAINT DOCUMENTATION: Explain any documentation supporting your complaint. **ATTACHMENT:**

CORRECTIVE ACTION SOUGHT: (Attach additional pages as necessary.) **ATTACHMENT:**

WITNESSES: (Relationship= co-worker, supervisor, customer, faculty, etc.)

Name Title/Relationship Telephone

Name Title/Relationship Telephone

Name Title/Relationship Telephone

DECLARATION:

I declare under penalty of perjury that the foregoing is true and correct. Your email address in lieu of your signature if this complaint is filed via email.

Signature Print Name Date