## Series 3000: Operation, Finance, and Property

## 3100 General Operations

## 3118-F-1 Title IX Sexual Harassment Formal Complaint Form

## **Yale Public Schools**

198 School Drive
Yale, Michigan 48097
Phone: 810-387-3231 – Fax 810-387-4418
Kurt Sutton, Superintendent of Schools

Board of Education: President – Mr. Peter M. Bullard, Vice-President – Mrs. Dena French, Treasurer – Mr. Ron Charney, Secretary – Mr. Mark Hurlburt, Trustee – Mr. Greg Hoppe, Trustee – Mrs. Meghan Butler, Trustee – Dr. Michael McClelland

| This form is being submitted by:   | ☐ Complainant          | ☐ Title IX Coordinator |
|------------------------------------|------------------------|------------------------|
| Complainant Name:                  |                        |                        |
| Address:                           |                        |                        |
| Phone:                             |                        |                        |
| lf th                              | ne Complainant is a st | udent:                 |
| Date of Birth:                     | Grade:                 |                        |
| School Building Attending:         |                        |                        |
|                                    | Complainant is an em   |                        |
| Job Title:                         |                        | Building:              |
|                                    | Complaint Details      |                        |
| Reporter's Name (if different than | Complainant):          |                        |
| Reporter's Relationship to Compl   |                        |                        |
| Reporter's Address:                |                        |                        |
| Reporter's Phone:                  |                        |                        |

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. Descri   | be the date/tim | ne/location(s)  | ) of the alle | eged incide | ent(s).  |  |  |
|   |                 |                 |               |             |          |  |  |
|   |                 |                 |               |             |          |  |  |
| 3. What v   | would you like  | the District to | o do to rem   | nedy the si | tuation? |  |  |
|   |                 |                 |               |             |          |  |  |
|   |                 |                 |               |             |          |  |  |
|   |                 |                 |               |             |          |  |  |
| Complaina   | ant's/Coordina  | tor's Signatu   | re            | Da          | te       |  |  |

Please submit this form to:

Bill Kryscynski, Assistant Superintendent Yale Public Schools 198 School Drive Yale, MI 48097 bkryscynski@ypsd.us 810-387-3231

A person alleging discrimination by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed at any time with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. Filing a complaint with the District is not a prerequisite to filing with OCR. For additional information about the District's grievance procedure, please contact the Title IX Coordinator identified above.