

## **VBCPS TITLE IX FORMAL COMPLAINT FORM**

**PURPOSE:** The purpose of the School Division's Title IX grievance process is to secure prompt and equitable resolutions of complaints of sexual harassment, sexual violence, and inappropriate sexual conduct in violation of Title IX of the Education Amendments of 1972. These procedures apply only to complaints alleging conduct prohibited by Title IX. By filing this complaint, you are requesting that the School Division investigate the allegations below in accordance with the School Division's Title IX grievance process.

**INSTRUCTIONS:** Please complete and sign this form, and submit to the appropriate Title IX Coordinator listed below. You may submit your complaint in person, by First Class mail, or electronic mail.

If you are a VBCPS student, please submit to Mary Dees, Office of Student Leadership, 1413 Laskin Road, Virginia Beach, Virginia, 23451, (757) 263-2020, [Mary.Dees@vbschools.com](mailto:Mary.Dees@vbschools.com).

If you are a VBCPS Employee, please submit to Edie Rogan, Department of Human Resources, Office of Employee Relations, 2512 George Mason Drive, Municipal Center, Building 6, Virginia Beach, Virginia, 23456, (757) 263-1133, [Edie.Rogan@vbschools.com](mailto:Edie.Rogan@vbschools.com).

### **1. Person filing this complaint**

Name:

School (if applicable):

Department/Title (if applicable):

Relationship to Complainant:

Home Address:

Telephone:

Email:

### **2. Complainant Information (if other than person filing)**

Name:

School (if applicable):

Department/Title (if applicable):

Relationship to Complainant:

Home Address:

Telephone:

Email:

**3. Nature of Complaint:** Please describe the actions/conduct that you believe may constitute sexual harassment, sexual violence, or inappropriate sexual conduct under Title IX, including when and where the actions/conduct occurred, the identity of any person(s) you believe may be responsible, the identity of any witnesses to the actions/conduct (if any), and the identity of any other School Division employee who may have knowledge of the actions/conduct. Please attached any additional documentation which you feel is relevant to your complaint.

**I certify that the aforementioned is true and correct:**

\_\_\_\_\_  
Name/Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Signature of Parent/Guardian  
(if submitted on behalf of student under age 18)

\_\_\_\_\_  
Date

**For the Title IX Coordinator:**

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Date