Tennessee Virtual Academy TITLE IX FORMAL COMPLAINT FORM

PURPOSE: The purpose of this grievance formal complaint form is to gather the essential facts of the alleged actions so that prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 ("Title IX") can be resolved as expediently and appropriately as possible.

This form **only applies** to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence). Complaints of alleged sex discrimination, including sexual harassment, brought forth by students, parents/guardians, current or prospective employees, and other members of the school community will be promptly investigated in an impartial and in as confidential a manner as reasonably possible, so that corrective action can be taken if necessary. A "**formal complaint**" is a document filed by a complainant ***or*** signed by the Title IX Coordinator alleging sexual harassment against a respondent and requesting that the school investigate the allegation of sexual harassment. **INSTRUCTIONS:** Individuals alleging Title IX discrimination through a formal compliant and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination. However, it should be noted, there is no time limit or statute of limitations on a complainant's decision to file a formal complaint

Contact our Title IX Coordinator: Anne Antuna, aantuna@k12.com, 865-992-9026

FORMAL COMPLAINANT STATEMENT

Name of Complainant:

Contact information:

Home Address/City/State/Zip/Home Phone/Email:

Student Grade:

1. **Nature of Grievance:** Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

2. **When did the actions described above occur?**

3. **Are there any witnesses to this matter?** (Please circle) **Yes No**

4. **If yes, please identify the witnesses**:

5. **Did you discuss this matter with any of the witnesses identified in Item 4?** (Please circle) **Yes No**

6. **If yes, please identify: Person to whom you have spoken:**

   Date:

   Method of communication:

7. **Have you spoken to any administrator(s) or other District employee(s) about this matter?** (Please circle) **Yes No**

   If yes, please identify: Person to whom you have spoken:

   Date:

   Method of communication:

8. **Please describe the result of the discussion(s) identified in Item 7:**

9. Please provide any additional information that would be important to this complaint:

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

_____

Print Name

_____

Signature

_____

Date