# Series 3000: Operation, Finance, and Property

## 3100 General Operations

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

	District Letterhea	ad
This form is being submitted by	:   Complainant	☐ Title IX Coordinator
Complainant Name:	_	
Address:		
If	the Complainant is a st	tudent:
Date of Birth:	Grade:	
School Building Attending:		
lf ti	he Complainant is an en	mployee:
Job Title:		Building:
	Complaint Details	
Reporter's Name (if different that	an Complainant):	
Reporter's Relationship to Com	plainant:	
Reporter's Address:		
		mail:
investigate. Please be spec	cific. Describe the incorollyology of a	it you are requesting the District cident(s) and identify the individuals attach any evidence you believe is

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2.	Describe the date/time/location(s) of the alleged incident(s).		
3.	What would you like the District to do to remedy the situation?		
Cc	omplainant's/Coordinator's Signature Date		

#### Please submit this form to:

Greg Bodrie
Director of Special Education
231-865-4012
3255 E. Pontaluna Rd.
Fruitport, MI 49415
gbodrie@fruitportschools.net

Laura Gavin
Special Education Supervisor
231-865-4011
3255 E. Pontaluna Rd.
Fruitport, MI 49415
Igavin@fruitportschools.net

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.