

**Colonial School District  
Title IX - Grievance Form**



Date: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

Complainant's Phone Number: \_\_\_\_\_

Date Complainant Contacted the School: \_\_\_\_\_

Date the Complainant Received the School's Decision: \_\_\_\_\_

Complainant's Representative (If Applicable): \_\_\_\_\_

Representative's Address (If Applicable): \_\_\_\_\_

Representative's Phone Number (If Applicable): \_\_\_\_\_

Please describe your concerns and why you believe they raise an issue under Title IX. Include a description of what happened, when and where it happened, and who was involved. (Feel free to attach additional pages if necessary)

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Explain the steps that you have already taken to resolve the issue, if any.

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Describe what resolution to your concerns you would like to see.

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Please attach any documents or other information that you think will help with the investigation of your complaint.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_