



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

OFFICE OF EDUCATIONAL EQUITY | TITLE IX TITLE IX COMPLAINT FORM

34 C.F.R. Part 106;

Board Policies/Administrative Regulations 4119.11, 4119.12, 5145.7, 5145.71

This form may be used by any District employee, student, or parent/guardian who believes they or their child has been subjected to sexual harassment prohibited under Title IX of the Educational Amendments of 1972 (“Title IX”) or by one of the District’s Title IX Coordinators to file a formal Title IX complaint and request that the District investigate the underlying allegations of sexual harassment pursuant to Title IX. This form may also be used by non-victims to report issues of potential sexual harassment alleging a violation of Title IX. *This form will be reviewed to determine whether Title IX applies to your concerns.¹*

Please complete the following Title IX Complaint Form to the best of your ability. If you would like help completing the form, please contact the Office of Educational Equity by phone at (510) 307-7861, or by email at jespinoza2@wccusd.net, or in person at 1108 Bissell Avenue, Richmond, CA 94801.

SEXUAL HARASSMENT UNDER TITLE IX

Section 106.30 of title 34 of the Code of Federal Regulations and the District’s Title IX policy (AR 4119.12, 5145.71) define sexual harassment under Title IX as conduct on the basis of sex that satisfies one or more of the following:

1. An employee of the school district conditioning the provision of an aide, benefit, or service of the school district on an individual’s participation in unwelcome sexual conduct (*quid pro quo*);
2. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the District’s education program or activity; or
3. “Sexual assault” as defined in 20 U.S.C. § 1092(f)(6)(A)(v), “dating violence” as defined in 34 U.S.C. § 12291(a)(10), “domestic violence” as defined in 34 U.S.C. § 12291(a)(8), or “stalking” as defined in 34 U.S.C. § 12291(a)(30).

I. YOUR CONTACT INFORMATION

Submission Date: ___/___/___

Please provide the following information about yourself:

Name: (first) _____ (last) _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Phone: (____) _____ - _____ Work | Home | Mobile | Email: _____@_____._____

¹ Please note that if the conduct you are reporting does not rise to the level of sexual harassment under Title IX, the District will take steps to appropriately investigate and address your report in accordance with any applicable alternative District policies, regulations, and procedures.

II. COMPLAINANT

Who are you filing this Complaint on Behalf of?

Yourself | Your Child | Another Student | Other (explain): _____

Name of Complainant/Victim (if not yourself): (first)_____ (last)_____

Attending School or District Work Site: _____

If a Minor, Name of Parent/Guardian: (first)_____ (last)_____

DOB: ___/___/____ | Grade ___ | Phone # of Injured Person: (____) _____ - _____

III. BASIS OF COMPLAINT (Check all that apply)

Sex

Sexual Orientation

Gender | Gender Identity | Gender Expression

IV. PLEASE TELL US WHAT HAPPENED

Name of Respondent/Accused: (first)_____ (last)_____

Time/Date(s) of the Incident: _____

Where the Incident Occurred: _____

Names of any Potential **Witnesses** and their Relationship to the Complainant:

Please describe in as much detail as possible, the incident(s) of sexual harassment and what led to this complaint. Include **what** happened, **when**, **where**, **how** it happened, and **who** was there. If you are not the victim of the reported conduct, please explain when and how you learned of the underlying incident. You may attach additional pages if needed.

Please **list all individuals involved** in the incident(s) and their relationship to the Complainant: _____

What steps, if any, have you taken to resolve this issue before filing a complaint? _____

If you are the Complainant/Victim of the alleged conduct, are you open to/interested in resolving this complaint through the informal resolution process? Please check one: **YES** or **NO**

By signing this document, I hereby declare and certify that the above-stated information is true to the best of my knowledge. I am also requesting that the District accept this document as a formal Title IX Complaint and that the District move forward and investigate the allegations, detailed above.

Name (print): _____ **Signature**: _____ **Date**: ____/____/____

Submittal Instructions

Please complete this form and submit it to the District’s Title IX Coordinator, in person, by email, or by using the following contact information:

JOSE ESPINOZA, INTERIM DIRECTOR
OFFICE OF EDUCATIONAL EQUITY/ TITLE IX COORDINATOR/EQUITY COMPLIANCE OFFICER
1108 BISSELL AVENUE, RICHMOND, CA 94801
PHONE: (510) 231-1118 • EMAIL: jespinoza2@wccusd.net

*If this form is received by any other District administrator or employee, it should be promptly forwarded to the Title IX Coordinator.

What to Expect After Submitting this Form?

This form will be reviewed by the Title IX Coordinator, who will evaluate whether Title IX, or a separate District policy, regulation, or procedure, is more appropriate to process the complaint.

If the conduct herein triggers Title IX, the Title IX Coordinator, or designee, will reach out to the Complainant/Victim to offer supportive measures and discuss their rights under Title IX.

FOR OFFICE USE ONLY

Received By: _____ Signature: _____
(Print Name & Title)

Date Filed: ____/____/____ Time Filed: ____ : ____ AM | PM