



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

TITLE IX COMPLAINT FORM

The West Contra Costa Unified School District's Office of Educational Equity (OEE) follows Board Policy 5145.7 when addressing complaints alleging failure to comply with applicable State and Federal laws and regulations related to sexual and/or gender-based harassment. A copy of Board Policy 5145.7 is available free of charge.

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

Once completed, please send in the form by email at jespinoza2@wccusd.net or rhane@wccusd.net, or by mail or in person at 1108 Bissell Avenue, Richmond, CA 94801.

I. Your Contact Information:

Your Name:

Street Address:

City:

Zip:

Home Phone:

Work / Mobile Phone:

II. Complainant

You are filing this complaint on behalf of:

Yourself Your child Another student Other: _____

III. School Information

School Name / Location:

IV. Basis of Complaint:

Please identify the type(s) of discrimination, harassment, intimidation, bullying or non-compliance leading to your complaint.

Sex

Sexual Orientation

Gender / Gender Identity / Gender Expression



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V. Details of Complaint:

- a) Please describe the type of incident(s) that led to this complaint in as much detail as possible, including all dates and times when the incident(s) occurred (or when the incident(s) first came to your attention) and the specific locations where the incident(s) occurred. Attach additional sheets of paper if you need more space.

- b) Please list the **individuals** involved in the incident(s):



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c) Please list any **witnesses** to the incident(s):

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

FOR OFFICE USE ONLY

Received By (Print Name & Title):

Signature:

Date Filed:

Time Filed: ____: ____ AM PM