Title IX Discrimination Complaint Form

(including gender equity/sexual harassment/sexual violence)

Dr. Charity Plaxton-Hennings, Executive Director Temecula Valley Charter School 35755 Abelia Street Winchester, CA 92596

cplaxton-hennings@tvcscougars.com (951) 294-6776

Instructions Regarding How to File a Complaint:

To file a complaint with the school, please complete and mail, email or bring this form to the office address designated above. Additionally, you may call the office to make arrangements for a representative to meet with you on site or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the office above to schedule an appointment with Dr. Plaxton-Hennings, TVCS Title IX officer.

Although the school cannot commit to keeping a complaint of discrimination confidential because of the school's obligation to investigate the complaint, TVCS will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Please feel free to contact the office designated above if you have any questions regarding the process for filing or investigating complaints of discrimination (including sexual harassment).

Note: A victim of discrimination or harassment is encouraged to use the school's internal complaint process. Persons believing, they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor, or Office of Civil Rights.

CONFIDENTIAL TITLE IX DISCRIMINATION COMPLAINT FORM

AFFILIATION				
☐ Certificated employee				
☐ Classified employee				
☐ Administration				
☐ Employment Applicant				
□ Student				
□ Parent/Guardian				
$\hfill\square$ Other. Please explain your affiliation:				
COMPLAINANT:				
Last Name	First Name		MI	
Address				
Work Telephone		Home Telephone		
NATURE OF COMPLAINT: (Check one o	r more)			
☐ Sexual Orientation				
☐ Sexual Harassment/Workplace Violer	nce			
☐ Gender/Sex				
☐ Other. Please explain:				
PERSON WHO DISCRIMINATED AGAINST YOU:				
Name T	- itle	 Department		

DESCRIPTION OF COMPLAINT: Describe your complaint and why you believe this person discriminated/ retaliated against you. Explain why you have contact with this individual, e.g., supervisor, co-worker, faculty, customer, etc. Give date(s), time(s), place(s) the discrimination/retaliation occurred. (Attach additional pages as necessary.) ATTACHMENT:					
PREVIOUS ACTION: Have you brought this matter to the attention of any other employees at the school? If					
so, please list the name(s) of all other persons with whom you have discussed this matter. ATTACHMENT:					
ATTACIMENT.					
COMPLAINT DOCUMENTATION: Explain any documentation supporting your complaint. ATTACHMENT:					
CORRECTIVE ACTION SOUGHT: (Attach additional pages as necessary.) ATTACHMENT					
WITNESSES: (Relationship= co-worker, supervisor, parent, faculty, etc.)					
Title Color (Notationally Col Worker, Supervisor, parent, radiaty, etc.)					
Name	Title/Relationship	Telephone			
Name	Title/Relationship	Telephone			
Name	Title/Relationship	Telephone			
DECLARATION:					
I declare under penalty of perjury that the foregoing is true and correct. Your email address in lieu of your signature if this complaint is filed via email.					
Signature	Print Name	Date			