

**SPECIAL EDUCATION DISTRICT OF LAKE COUNTY**

18160 W Gages Lake Road, Gages Lake, Illinois 60030-1819

847-548-8470 Fax 847-548-8472 VP 224-207-8476



**TITLE IX SEXUAL HARASSMENT COMPLAINT FORM**

The District does not discriminate on the basis of sex in any of its education programs or activities, and it complies with Title IX of the Education Amendments of 1972 (Title IX) and its implementing regulations (34 C.F.R. Part 106) concerning everyone in the District's education programs and activities, including applicants for employment, students, parents/guardians, employees, and third parties. Individuals alleging sexual harassment, as defined in District Policy 2:265, shall complete and sign this form to request that the Title IX Coordinator initiate an investigation into such allegations.

"Sexual harassment" as defined in Title IX ("Title IX Sexual Harassment") is prohibited. A person engages in Title IX Sexual Harassment whenever that person engages in conduct on the basis of an individual's sex that satisfies one or more of the following:

1. Conditioning the provision of an aid, benefit, or service on an individual's participation in unwelcome sexual conduct; or
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 educational 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)

This document is intended for use by individuals presently participating in or attempting to participate in an education program or activity operated or controlled by the District. It may be filed with the Title IX Coordinator in person, by mail, or by electronic mail at the contact information provided below:

***District Title IX Coordinator:*** Margaret Lynch  
18160 W Gages Lake Road, Gages Lake, IL 60030  
mlynch@sedol.us  
847-986-2360

Please note, this document must be filed by or signed by the complainant in order to proceed under the District's Title IX Grievance Process.



**SEXUAL HARRASSMENT COMPLAINT FORM**

Name of Complainant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

School Building Complainant Works at / Attends: \_\_\_\_\_

**Nature of Grievance:** Please describe the action you believe may be Title IX Sexual Harassment and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

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When did the above described actions take place?

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Where did the above described actions take place?

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Were there any eyewitnesses to the described events?  Yes  No

If "YES", please list the names and, if known, contact information for the witnesses:

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Have you discussed this matter with any school employees?  Yes  No

If "YES", please list the names of the school employee(s) you have discussed this with, as well as **when** the discussion(s) took place and **where** it took place:

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***I certify that the foregoing information is true and correct.***

\_\_\_\_\_  
Name of Complainant

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

**\*\* If filed by the Title IX Coordinator\*\***

\_\_\_\_\_  
Name of Complainant

\_\_\_\_\_  
Signature of Title IX Coordinator

\_\_\_\_\_  
Date