

Rogers City Area Schools

1033 W. Huron Ave. Suite B Rogers City, Michigan 49779

Telephone: 989.734.9100 Email: nicholas.hein@rcashurons.org

Title IX Sexual Harassment Formal Complaint Form

This form is being submitt	d by: \square Complainant \square Title IX Coordinator
Complainant Name:	
	Email:
	If the Complainant is a student:
Date of Birth:	Grade:
School Building Attending	
	If the Complainant is an employee:
Job Title:	Building:
	Complaint Details
Reporter's Name (if differen	nt than Complainant):
Reporter's Relationship to	Complainant:
	Reporter's Email:
Please be specific. Des	rual harassment that you are requesting the District investigative the incident(s) and identify the individuals and potent scribe or attach any evidence you believe is relevant. Attaced.

2. Describe the date/time/location(s) of	the alleged incident(s).
2. Milesterredderser liberthe District to de	to worse double aitmention?
3. What would you like the District to do	to remedy the situation?
Complainant's/Coordinator's Signature	Date

Please submit this form to:

Title IX Coordinator - Steven Kowalski, K-5 Principal/Federal Programs Director
Title IX Coordinator - Christina Walker, Student Advisor
Rogers City Area Schools
1033 W. Huron Ave, Suite B
Rogers City, Michigan 49779
steven.kowalski@rcashurons.org
christina.walker@rcashurons.org

A person alleging discrimination by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed at any time with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. Filing a complaint with the District is not a prerequisite to filing with OCR. For additional information about the District's grievance procedure, please contact the Title IX Coordinator identified above.