

12465 Warwick Boulevard, Newport News, VA 23606-3041

Title IX Formal Complaint Form

PURPOSE: The purpose of the Title IX formal complaint process is to inform the School Division of allegations of sexual harassment, sexual violence and sex discrimination, including harassment discrimination based on gender or gender identity, in violation of Title IX of the Education Amendments of 1972 ("Title IX") so that the School Division may take appropriate action.

INSTRUCTIONS: Individuals alleging Title IX sexual harassment and requesting a review are required to complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged harassment.

If you are a Newport News Public Schools student or employee, please submit your complaint to Nina Farrish, Office of Human Resources, 12507 Warwick Blvd., Newport News, Virginia 23606 757.881.5061 (Office) nina.farrish@nn.k12.va.us

1. Name of Complainant:	
 Home Address City/State/Zip Ho	 me Phone
	Grade:
2. Name of Respondent:	
including complaints of sexual particularity any person(s) you necessary:	e describe the action(s) you believe may be sexual harassment, violence, in violation of Title IX and identify with reasonable believe may be responsible. Please attach additional sheets, if
Please check if you have add	ditional page(s) (attached to this Complaint Form)

4. When did the action	ns described above occur?		
5. Are there any witne	sses to this matter? Yes	No	
If yes, please identify the	he witness(es):		
6. Did you discuss this If yes, please identify:	matter with any of the witness	es identified in Item 5? Yes	No
Person to whom you h	ave spoken:		
Date:	Method of communi	cation:	
7. Have you spoken to If yes, please identify:	any administrator(s) or other [District staff member(s) about	this matter?
Person to whom you h	ave spoken:		<u></u>
Date:	Method of commun	cation:	3
complaint:	ow or attach any sources of info	·	-
_	plaint will be subject to an inve Schools Board procedures.	stigation conducted in accord	ance with
I certify that the foreg	oing information is true and co	rrect.	
Print Name	Signature	Date	