

## Fruitport Community Schools Superintendent's Office

3255 E. Pontaluna Road Fruitport, MI 49415 Ph·231·865·4100 Fax·231·865·3393 www.fruitportschools.net

## TITLE IX SEXUAL HARASSMENT FORMAL COMPLAINT FORM

This	form is being sub	mitted	by:							
	Complainant		Title IX Co	ordinator						
Co	mplainant Name:									
	dress:									
	one:									
If th	ne Complainant is	a stud	ent:							
School Building Attending:			Grade:	E	Birthdate:					
If th	ne Complainant is	an em	ployee:							
Job Title:				Bui	ilding:					
	porter's Name (if d mplainant):	lifferer	nt than							
Re	ationship to Comp	olainar	nt:							
	oorter Address:									
Re	porter Phone:			Repo	orter Email:					
	1. Describe the alleged violation of the District's Title IX Sexual Harassment Policy that you are requesting the District investigate. Please be specific. Describe the specific incident(s) and identify the individuals and potential witnesses involved. Describe or attach any evidence you believe is relevant. Attach additional pages if needed.									
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2.	Describe the date	e/time/	location(s	) of the alle	ged incident	t(s).				
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3.	Describe your proposed resolution to address the alleged violation(s).									
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Da	ate	Complainant/Coordinator Signature								
PLE	EASE SUBMIT THIS FORM TO:									
Da <b>PLE</b>		Complainant/Coordinator Signature								

Greg Bodrie
Title IX Coordinator
Fruitport Community Schools
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A person who believes that he/she has been discriminated against by the District on the basis of sex may file a complaint through the District's grievance procedure. A complaint may also be filed with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. You may file a complaint with OCR at any time. Filing a complaint with the District is not a prerequisite to filing with OCR.

