



# Rim of the World Unified School District

PO Box 430 • Lake Arrowhead, CA 92352 • (909)336-4100 • FAX (909)337-4527

## Title IX Student Sexual Harassment Complaint Form

*This form may be used by a student, a student's parent or guardian, or an individual acting on a student's behalf who believes the student is a victim of sexual harassment to submit a complaint regarding sexual harassment (Board Policy 4119.11). This form should be submitted to the principal of the school. However, if the complaint concerns the principal, the complaint may be made directly to the Title IX Coordinator or the Superintendent.*

I am filing this complaint as a (check (v) one):     Employee     Parent/Guardian     Student

Submitting Person's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone/Mobile Phone \_\_\_\_\_

### I. Please provide the following if the student is an ROWUSD student:

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### II. Carefully read and complete:

1. Please state the basis of your complaint for sexual harassment. Check (v) all that apply. In the lined space below, describe the details of your complaint. Be sure to describe the date, time, and location of the harassment, and the identity of all parties involved in the harassment. Attach supporting documentation and additional pages, if necessary.

Sexual harassment (Unwelcome conduct that is so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the Board's education program or activity. Explain in detail.)

Sexual Assault     Domestic Violence     Dating Violence     Stalking

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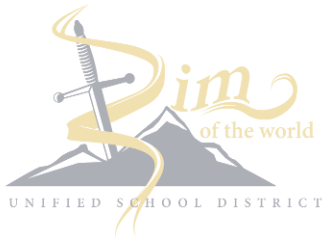
2. When did this happen (over what time period if continuing or more than once):

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3. Identify the person(s) whose actions led to the filing of the complaint, and all witnesses or other persons having information that is relevant to the complaint.

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4. Identify all witnesses or other persons having information that is relevant to the complaint.:

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5. Have you informed any other Rim of the World School employee(s) of this complaint? If so, identify all persons with whom you have discussed this matter and approximate dates of your prior discussion(s).

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6. Attach copies of documents or other evidence that is relevant to the complaint.

I attest the aforementioned is true and correct to the best of my knowledge. I understand that the District may need to disclose the identity of parties listed in my complaint to complete a required investigation of the allegation(s) of sexual harassment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title IX Coordinator**

Derek Swem, Director Special Services  
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Lake Arrowhead, CA 92352  
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