

**Union County Public Schools**  
**Title IX**  
**Harassment/Sexual Harassment Complaint Form**

1. Name and title of school official: \_\_\_\_\_ Date: \_\_\_\_\_  
(Title IX Coordinator, Principal, Vice Principal, Teacher, Other)

Name of person making complaint \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

Telephone \_\_\_\_\_

2. Name of person to whom initial complaint was reported: \_\_\_\_\_

3. Attach nature of the complaint, including a very detailed account of the activity in question. Include, as much as possible an exact recitation of words used, offensive touching, and/or the nature of harassing activity.

4. Date of alleged harassment or sexual harassment \_\_\_\_\_

5. What informal measures or procedures have taken place (Level 1- Informal discussion) in an effort to resolve this complaint? \_\_\_\_\_

6. Has this complaint been filed with Union County Public Schools before? If yes, with whom has this been filed? \_\_\_\_\_

7. Has this complaint been filed with any agency or agencies? If yes, with whom has this been filed?  
\_\_\_\_\_

8. Name of other staff members with knowledge of the facts alleged \_\_\_\_\_

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9. Desired remedy \_\_\_\_\_

10. Date and time of report to the Department of Children's Services (if applicable):  
\_\_\_\_\_

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Part II

1. Name of alleged party: \_\_\_\_\_

2. Date of conference: \_\_\_\_\_

3. Attach details of specific events previously mentioned.

4. Was complaint settled at the informal level? \_\_\_\_\_ If so, explain and have both parties sign below

\_\_\_\_\_  
\_\_\_\_\_

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Signature of complainant

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Signature of alleged party

**Forward a copy of this Harassment/Sexual Harassment Complaint Form to:**

**James E Carter, Title VI and IX Coordinator  
P.O. Box 10  
Maynardville, TN 37807  
Phone 865-992-5466, Fax 865-992-0126  
Email, carterj@ucps.org**

