VISTA CHARTER SCHOOL

TITLE IX FORMAL COMPLAINT FORM

Purpose: This form is utilized to file a formal complaint alleging sex-based discrimination, sexual harassment, or retaliation under Title IX. Submission of this form initiates an intake review by the District Title IX Coordinator.

EMERGENCY NOTICE: If you or someone else is in immediate danger, please dial 911 or contact Safe2Tell Colorado immediately at 1-877-542-7233.

SECTION 1: REPORTER & COMPLAINANT INFORMATION

1. Full Legal Name: _____

2. Email Address: _____

3. Phone Number: _____

4. Preferred Method of Contact: [ ] Email [ ] Phone [ ] Text Message

5. Your Role / Affiliation with Vista Charter School:

- [ ] Student
- [ ] Parent / Legal Guardian
- [ ] Community Member
- [ ] School Staff / Faculty
- [ ] Other: _____

6. Are you filing this complaint on behalf of someone else?

- [ ] No, I am the impacted individual.
- [ ] Yes, I am a Parent/Guardian filing on behalf of a student.
- [ ] Yes, I am a Staff Member / Witness reporting on behalf of a student.

7. Name of Impacted Student/Individual (if applicable):

_____

8. School / Campus Location: _____

SECTION 2: RESPONDENT INFORMATION (ACCUSED PARTY)

9. Name of Person(s) Accused of Misconduct:

_____

10. Role of the Accused Person(s):

- [ ] High School Student
- [ ] School Staff / Teacher / Coach

- [ ] Administrator
- [ ] Guest / Visitor / Vendor
- [ ] Unknown
- [ ] Other: _____

SECTION 3: INCIDENT DETAILS & ALLEGATIONS

11. Type of Alleged Misconduct (Select all that apply):

- [ ] Sexual Harassment (unwelcome conduct of a sexual nature)
- [ ] Sexual Assault or Misconduct
- [ ] Stalking / Dating Violence
- [ ] Gender-Based Discrimination or Harassment
- [ ] Discrimination based on Gender Identity / Sexual Orientation
- [ ] Inequality in Athletics / Extracurricular Programs
- [ ] Retaliation for reporting a Title IX concern
- [ ] Other: _____

12. Date(s) and Time(s) of Incident(s):

_____

13. Location of Incident(s) (e.g., classroom, hallway, athletic event, school bus, online/social media, off-campus event):

_____

_____

14. Detailed Description of Incident(s):

Please describe what happened in as much detail as possible, including specific words used, actions taken, and the overall impact on the student. Attach additional sheets if necessary.

_____

_____

_____

_____

_____

15. Witnesses:

Please list the names and contact information (if known) of any individuals who witnessed the incident(s) or may have relevant information.

_____

_____

SECTION 4: EVIDENCE & SUPPORTIVE MEASURES

16. Supporting Documentation / Evidence:

Please attach copies of any screenshots, photos, text messages, emails, or other documents that support this complaint.

[ ] Evidence Attached [ ] No physical evidence available at this time

17. Requested Supportive Measures (Select all that apply):

- [ ] Schedule changes or class reassignments
- [ ] No-contact agreement between parties
- [ ] Counseling support / Academic accommodations
- [ ] Safety planning or hall pass accommodations
- [ ] Other: _____

SECTION 5: CONFIRMATION & SIGNATURE

By signing below, you acknowledge and declare that the information provided in this formal complaint is true, accurate, and complete to the best of your knowledge and belief.

Full Legal Name (Print): _____

Signature: _____ **Date:** ____ / ____ / ____