



## WISCONSIN VIRTUAL ACADEMY TITLE IX COMPLAINT FORM

**PURPOSE:** The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that, prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 ("Title IX") can be resolved as expediently and appropriately as possible.

This form **only applies** to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

**INSTRUCTIONS:** Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination:

**Contact our Title IX Coordinator:**

Lauren Arango  
Title IX Coordinator  
5101 Farwell Street, McFarland, WI 53558  
608.838.4514  
arangol@mcfbsd.org

1. **Name of Complainant:** \_\_\_\_\_  
**Contact Information:** \_\_\_\_\_

\_\_\_\_\_ Home Address City/State/Zip Home Phone

**Student Grade:** \_\_\_\_\_

**Employee School Office Location:** \_\_\_\_\_

2. **Nature of Grievance:** Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

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

3. **When did the actions described above occur?**

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

**4. Are there any witnesses to this matter? (Please circle) Yes No**

If yes, please identify the witnesses:

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**5. Did you discuss this matter with any of the witnesses identified in Item 4? (Please circle) Yes No**

If yes, please identify: \_\_\_\_\_

Person to whom you have spoken: \_\_\_\_\_

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

Method of Communication: \_\_\_\_\_

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**6. Have you spoken to any administrator(s) or other District employee(s) about this matter? (Please circle) Yes No**

If yes, please identify: \_\_\_\_\_

Person to whom you have spoken: \_\_\_\_\_

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

Method of Communication: \_\_\_\_\_

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**7. Please describe the result of the discussion(s) identified in Item 6:**

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**PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.**

*I certify that the foregoing information is true and correct.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date