Caldwell Parish School District

COMPLAINT OF TITLE IX VIOLATION		Complaint No	
Name of Alleged Victim:			
Complaint Filed By (check one)	Alleged Victim/StudentParent/Guardian/name:Title IX Coordinator/name:	<u> </u>	
Name(s) of Other Alleged Victim(s	s) if any:		
Name(s) of Alleged Harasser(s):			
	nrassment/Retaliation	_	
(If complaint not filed by alleged party)	l victim, state date of discovery of	alleged conduct by filing	
1	Sexual Harassment/Retaliation (Mudetails supporting complaint. Sep	± \ //	
investigation, such as how and v	include all other information kno when complainant learned of repor rmation, etc. Separate statement ma	rted facts, names of other	
and my right to file this Complain will be shared with the person I ha	I acknowledge receipt of the Title nt. Further, I understand that the in we identified as the harasser. I will digation of this Complaint. I have	formation I have provided cooperate with the Title IX	
Signature of Complainant	Phone No		
Printed Name of Complainant	Emai	1	
Signature of Title IX Coordinator _	Date/T	ime Received	