

Title IX Report Form

Students are protected from discrimination on the basis of sex pursuant to Title IX of the Education Amendments of 1972 and the Minnesota Human Rights Act. The purpose of this #519 Title IX policy is to provide equal educational opportunity for all students and to prohibit discrimination on the basis of sex. Avalon provides equal educational opportunity for all students, and does not unlawfully discriminate on the basis of sex.

Conduct on the basis of sex, includes Sexual Harassment. Sexual Harassment is defined as conduct that includes one or more of the following: An employee conditioning the provision of an aid, benefit, or service of the recipient on an individual's participation in unwelcome sexual conduct (also called quid pro quo harassment); Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to a school's education program or activity; Sexual assault, dating violence, domestic violence, stalking. This policy extends to locations, events, or circumstances over which Avalon School exercises substantial control over both the subject of the complaint and the context in which the sexual harassment occurs. This may include online, but does not extend outside the United States.

It is the responsibility of every school district employee to comply with this policy. Any student, parent, or guardian having questions regarding this policy should discuss it with the Title IX Coordinator identified on the Avalon School website at avalonschool.org

1. Your Name: _____ 2. Date(s) of alleged incident(s): _____

3. Name of person you believe bullied you or another person:

4. If the alleged bullying was toward another person, identify that person:

5. Describe the incident(s) as clearly as possible, including such things as what was said, what happened, and what force, if any, was used. Write on the back if necessary.

6. Where and when did the incident(s) occur: _____

7. List any witnesses present: _____

8. I hereby certify that to the best of my knowledge the information I have provided in this complaint is true, correct, and complete.

Signature

Date

Received by

Date