Albuquerque School of Excellence TITLE IX COMPLAINT FORM

Please complete this information and attach additional pages of information, if necessary. If you need assistance to complete this Complaint Form, you may contact the Title IX Coordinator.

STUDENT or EMPLOYEE NAME:	
MAILING ADDRESS:	
PHONE NUMBER:	EMAIL ADDRESS:
NAME OF PERSON(S) RESPONSIBLE FOR CONDUCT YO	DU BELIEVE WAS SEXUAL HARASSMENT OR
DISCRIMINATION BASED ON SEX:	
To the best of your recollection provide the following	g information about the incident(s):
DATE(S):	
TIME(S): PLACE(S)(this can include technology, e.g. email, soci	al modia):
DETAILED DESCRIPTION OF CONDUCT:	ai illeula).
DETAILED DESCRIPTION OF CONDUCT.	
NAMES AND CONTACT INFORMATION OF WITNESSE	ς.
NAMES AND CONTACT IN ORMATION OF WITHESSE	<u>. </u>
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PLEASE ATTACH COPIES OF ANY DOCUMENTS, EMAIL	S. TEXT MESSAGES OR IMAGES TO SUPPORT YOUR
COMPLAINT:	
OTHER INFORMATION:	
To the best of my knowledge and recollection the	ne information above is true and correct. I understand
that reporting false information about the perso	n I have alleged committed the improper conduct, ma
have serious negative consequences for me and f	
•	·
Signed by:	Date: