



Collier County Public Schools
5775 Osceola Trail | Naples, FL 34109
p: 239.377.0349 | email: www.collierschools.com

TITLE IX: Formal Complaint Form

Please complete this form and return it to Dr. Tammy Caraker, the District's Title IX Coordinator. The form may be emailed to Dr. Caraker at Caraketa@collierschools.com or it may be mailed or delivered to her at the Martin Luther King, Jr., Administrative Center, 5775 Osceola Trail, Naples, FL 34109.

COMPLAINANT INFORMATION

I. Contact Information:

Name of Complainant: _____

Name of Complainant's Parent or Guardian (if Complainant is less than 18 years old):

Address of Complainant: _____

Email Address: _____ Phone Number: _____

If the Complainant is a student, please provide the name of the school Complainant currently attends and the grade at the school: _____

If the alleged incident(s) occurred while attending a different school from the one the student currently attends, please identify that school as well: _____

If the Complainant is an employee, identify the school or department at which you work including your position, and the name of your supervisor: _____

II. The Details of the Formal Complaint

(a) Please provide, in sufficient detail, all the allegations of sexual harassment, sexual battery, or other misconduct covered by Title IX that you claim occurred. Please be sure to identify the name of the Respondent, and all other persons involved in, or witnesses to, the alleged misconduct, as well as the date or dates of the incident or incidents and the location or locations involved.

(b) If there are District students, employees, or other person with whom you discussed the incident or incidents mentioned above, please identify their names, addresses, school locations, and phone numbers, if possible.

(c) Please attach or identify any documentation you have that you believe would be relevant to assist in the investigation of your Formal Complaint.

Answer/Response: (If you need to attach an additional page to complete your answer/response, feel free to do so)

I hereby certify that the information provided in this complaint is true and accurate to the best of my knowledge. I understand it is a violation of law, School Board Policy, and the Code of Student Conduct to provide false information and/or statements. I am willing to cooperate fully in the investigation or my complaint and provide whatever evidence the District deems relevant and/or necessary to investigate this matter.

If the Complainant is an Employee

Name of Complainant: _____
Signature of Complainant: _____
Date: _____

If the Complainant is a Student

Name of Student: _____
Signature of Student: _____
Date: _____

Name of Parent or Guardian (If a Student is less than 18 years old): _____
Signature of Parent or Guardian: _____

Signature of Title IX Coordinator

Dr. Tammy Caraker

Date: _____