



Collier County Public Schools  
5775 Osceola Trail | Naples, FL 34109  
p: 239.377.0349 | email: [www.collierschools.com](http://www.collierschools.com)

## **TITLE IX: Formal Complaint Form**

*Please complete this form and return it to Ms. Valerie Wenrich, the District's Title IX Coordinator. The form may be emailed to Ms. Wenrich at [wenriv@collierschools.com](mailto:wenriv@collierschools.com) 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

\_\_\_\_\_  
Ms. Valerie Wenrich

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