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General Counsel/Title IX Coordinator

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## Title IX COMPLAINT FORM

My name is \_\_\_\_\_

I am a student/employee at \_\_\_\_\_  
**Name of school/Facility**

\_\_\_\_\_ sexually harassed me on or about \_\_\_\_\_  
**Date/Time**

at \_\_\_\_\_  
**Location**

Description of Incident or Complaint

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I am requesting that Jackson Public School District investigate these allegations.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_