

TITLE IX SEXUAL HARASSMENT COMPLAINT FORM

Instructions: This form can be completed by any individual who has knowledge of a sexual harassment conduct occurring within an education program or activity of Yav Pem Suab Academy ("YPSA"). Please complete the information below. Should you need additional space or would like to provide documentation to support the allegations in the complaint, you can attach those to this complaint form. If you have any questions, please contact YPSA's Title IX Coordinator listed below.

Contact Information and Complainant's (Victim) Information

Full Name of Person Filing the Complaint: _____

Address: _____

Phone: _____ Email: _____

Complainant's (Victim) Full Name (if different from above): _____

Respondent's (Accused) Information

Respondent's Full Name: _____

Is the accused a YPSA student? ☐ No ☐ Yes

If yes, what is the student's grade and relation to complainant: _____

Is the accused a YPSA staff member? ☐ No ☐ Yes

If yes, what is the staff member's relation to the complainant (e.g., teacher)? _____

If no, what is the accused's affiliation to YPSA? _____

Details of Complaint

Date of the Alleged Incident(s):	Location of Alleged Incident(s):
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Please describe the facts underlying your complaint. Provide details such as the names of those involved, the dates of the incident(s), whether witnesses were present and the names of any witnesses, etc. Please provide any details which you feel might be helpful to a complaint investigator.

Did the harassment occur at YPSA or during a YPSA activity? If so, please describe:

Did this incident interfere with your ability to access or participate in YPSA programs or activities? If so, please describe:

List the individuals involved in the relevant incident(s):

Acknowledgements

By submitting this form to the Title IX Coordinator, I wish to initiate YPSA's formal Title IX Grievance Procedures.

Signature of Complainant: _____ Date: _____

Once you have completed this form, please submit to the Title IX coordinator:

Jim Vue, SPED Director
7555 S. Land Park Drive, Sacramento, CA 95831
Phone: (916) 433-5057, Email: jim-vue@urbancsc.org