

TITLE IX COMPLAINT FORM

As outlined in the Tahoe Expedition Academy's Title IX Policy and Grievance Procedures, consistent with Title IX of the Education Amendments of 1972 ("Title IX"), Tahoe Expedition Academy ("TEA") does not discriminate on the basis of sex in its educational programs and activities, course offerings, financial aid, athletics, or employment.

INSTRUCTIONS: Individuals alleging Title IX discrimination or harassment and requesting review under TEA's Title IX Policy and Grievance Procedures, are encouraged to complete this form and submit it to TEA's Compliance Coordinator as soon as possible after the occurrence of the alleged discrimination or harassment. This form should only be used for complaints alleging sex-based discrimination, harassment, and/or violence prohibited by Title IX and as outlined in TEA's Title IX Policy and Grievance Procedures. For all other complaints, please consult the relevant policies in TEA's Student and Parent Handbook or Employee Handbook, as applicable.

COMPLIANCE COORDINATOR INFORMATION:

Name: Ken Martin

Title: Director of Finance and Operations

Office Address: 9765 Schaffer Mill Rd, Truckee, CA, 96161

Telephone Number: 530-546-5253 Email Address: kmartin@tea-mail.org

COMPLAINANT INFORMATION:

Name:	
Department/Title:	
Academy/Grade:	
Home Address:	
Telephone Number:	
Email Address:	
Today's Date:	



PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE REGARDING YOUR COMPLAINT BELOW.

1. the pe	. Name of person(s) you believe committed the offense(s) against you and how you know ne person(s).			
Title IX	Nature of Grievance: Please describe the action and/or conduct that you believe may be used discrimination, including complaints of sexual harassment or sexual violence, in violation of and identify with reasonable particularity any person(s) you believe may be responsible. Please additional sheets, if necessary:			
3.	When and where did the actions described above occur?			
4.	Were there any witnesses to this action/conduct?			
(Pleas	e Circle) Yes No			
If yes,	please identify the name and contact information for all witnesses:			



5. Did you o	iscuss tn	is matter with any o	of the witnesses identified in Item 5?
(Please Circle)	Yes	No	
	-	ame of the person(s) and the method(s) of o	who you communicated with, the date(s) on which communication:
6. Have yοι matter?	ı spoken to	o any TEA Adminis	trator(s) or other TEA employee(s) about this
(Please circle) Y	es	No	
		ame of the person(s) and the method(s) of o	who you communicated with, the date(s) on which communication:
		DDITIONAL INFORM O YOUR COMPLAIN	IATION OR DOCUMENTATION WHICH YOU
to cooperate fully	in the inve	-	e and correct to the best of my knowledge. I am wiplaint and provide whatever evidence the Academy this matter.
Signature of Con	nplainant		Date
Signature of Pare	ent/Guardia	nn	Date
Print Name of Pa	rent/Guard	lian	