

ACAA-E

EXHIBIT

TITLE IX SEXUAL HARASSMENT

SCOTTSDALE UNIFIED SCHOOL DISTRICT TITLE IX FORMAL COMPLAINT FORM

Scottsdale Unified School District ("the District") complies with federal and state laws prohibiting unlawful discrimination based on race, color, national origin, sex, disability and age in its programs and activities. Any person that believes they have been harassed or discriminated against based on his/her sex can file a complaint under this procedure by contacting the District's Title IX Coordinator as follows:

Name: Dr. Milissa Sackos			
Title IX Coordinator & Assistant Superintend	lent of Second	ary Schools	
Address: 8500 E. Jackrabbit Road, Scottsdale	e, AZ 85250		
Phone: 480-484-6239			
E-mail: msackos@susd.org			
Date:			
Complainant Name:			
Address:			
Street	City	State	Zip
Telephone:			
Home		Work	
Respondent Name:			
(person w	hom complain	t is against)	
Describe the alleged sexual harassment in The specific incident or activity that is alleged.	-	•	

https://policy.azsba.org/asba/Z2Browser2.html?showset=scottsdale&gotoz2browser=true

b. The name of all individuals involved;

c. Dates, times, and locations involved

2. Describe any relevant communication that has already of communication, dates of communication, and names o occurred.	f individuals with whom any communication has
3. Do you want this Complaint to be formally investigate	ed and addressed by the School?
YesNo If "NO," please clarify:	
I do not want a formal investigation. I am just bri	inging this to the School's attention.
I do not want a formal investigation. I would like complaint.	to speak with the Title IX Coordinator about my
Other (please explain):	
Signature of Complainant	

PLEASE RETURN THIS FORM TO THE TITLE IX COORDINATOR:

Dr. Milissa Sackos, Assistant Superintendent of Secondary Schools