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 Superintendent of Secondary Schools
Address: 8500 E. Jackrabbit Road, Scottsdale, 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 whom complaint is against)

1. Describe the alleged sexual harassment in specific terms (attach additional pages if necessary). Include:
   a. The specific incident or activity that is alleged to be in violation of Title IX
   b. The name of all individuals involved;
   c. Dates, times, and locations involved
2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.

________________________________________________________________
________________________________________________________________
________________________________________________________________

3. Do you want this Complaint to be formally investigated and addressed by the School?

_____ Yes   _____ No  If "NO," please clarify:

_____ I do not want a formal investigation. I am just bringing this to the School's attention.

_____ I do not want a formal investigation. I would like to speak with the Title IX Coordinator about my complaint.

_____ Other (please explain): ________________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________

Signature of Complainant ________________________________ Date Signed _____________

PLEASE RETURN THIS FORM TO THE TITLE IX COORDINATOR:
Dr. Milissa Sackos, Assistant Superintendent of Secondary Schools