
TITLE IX DISCRIMINATION COMPLAINT FORM

Title IX Coordinator

Dr. Clarence Sutton
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Title IX of the Education Amendments Act of 1972 (“Title IX”) provides that “[n]o person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.”

This means that our students and employees are entitled to be free from sex-based discrimination in our educational programs or activities. This includes discrimination based on gender, gender identity, pregnancy status, parenting status, and sexual harassment. For more information, please see the District’s Title IX Policy. If you believe that you have been subjected to discrimination in violation of Title IX, you may complete this complaint form or write a formal complaint and submit it to the Title IX Coordinator.

Please note that the District cannot guarantee that your complaint will be kept confidential, because District personnel is required to share certain information with all parties involved. Nonetheless, the District will make reasonable efforts to avoid sharing information regarding your complaint beyond those required to receive such information. If you have any questions, please contact the Title IX Coordinator.

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Once you complete and submit this form, the Title IX Coordinator will promptly and confidentially contact you with information about the next steps.

Name of Complainant:	
Please indicate whether you are:	
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Title IX Coordinator	
Department (if applicable):	
School (if applicable):	
Home/Cell Phone:	Work Phone:
Address:	
Employee ID (if applicable):	Student ID (if applicable):
Have you notified any other personnel about this incident? If yes, note whom.	
Type of Prohibited Conduct (check all that apply):	
<input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Dating Violence	
<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Stalking <input type="checkbox"/> Pregnancy Discrimination	
<input type="checkbox"/> Parenting Discrimination <input type="checkbox"/> Gender Expression/Identity Discrimination	
<input type="checkbox"/> Other Gender/Sex Discrimination	
Name of person or persons you believe engaged in prohibited conduct against you:	

