



Administration Office
2100 W Hudson Rd. Suite 5, Rogers AR 72756
ph. (479) 986-0775; fax (479) 986-0875

Title IX Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits sex (including pregnancy, sexual orientation, and gender identity) discrimination in any education program or activity receiving federal financial assistance. **When this form has been completed and signed by you, and signed by the Title IX Coordinator, your complaint has been properly received and noted by Career Academy of Hair Design (CAHD).** We will provide you with a copy of this form as well as complete information about the Title IX complaint process. If you require emergency assistance please dial 911.

I am filing this complaint as a: Anonymous Faculty Staff Student

Name **Date**

Phone number **Email address**

Have you brought this matter to the attention of anyone else at CAHD? If so please list the name(s) of all other persons with whom you have discussed this matter:

Type of Complaint (check all that apply)

- Bullying
- Cyber Bullying
- Gender Discrimination
- Sexual Harassment
- Sexual Assault
- Sexual Misconduct
- Stalking
- Rape
- Retaliation
- Relationship Violence

The Title IX Coordinator and/or Designee investigate complaints by anonymous persons, faculty, staff, and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.

Complaint: Describe your complaint. Summarize below and attach additional pages if necessary.

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, customer, peer

Describe the corrective action you are seeking. Attach additional pages if necessary.

For retaliation complaints please explain why you believe someone retaliated against you.

Witnesses (Relationship would be co-worker, supervisor, customer, etc)

Name	Relationship to you	Phone Number
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Name	Relationship to you	Phone Number
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Name	Relationship to you	Phone Number
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I certify the aforementioned is true and correct

Your signature	Date
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Title IX Coordinator and/or Designee
Complaint received by:

Signature	Print Name	Date
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