



**Wilmington City Schools**

341 S Nelson Ave  
Wilmington, OH 45177

**TITLE IX DISCRIMINATION  
COMPLAINT FORM**

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341 S Nelson Ave  
Wilmington, OH 45177  
(937) 382-1641

The Board of Education of the Wilmington City School District does not discriminate on the basis of sex in its education program or activity, and is required by Title IX and its implementing regulations not to discriminate in such a manner. The requirement not to discriminate in its education program or activity extends to admission and employment. The District's Title IX Coordinator(s) is/are:

Natalie Harmeling, Director of Pupil Services  
937-382-1641, ext. 7384  
341 S. Nelson Ave.  
Wilmington, OH 45177  
natalie.harmeling@Wilmington.k12.oh.us

Curt Bone, Director of Business Operations  
937-382-1641, ext. 7500  
341 S. Nelson Ave.  
Wilmington, OH 45177  
curt.bone@wilmington.k12.oh.us

The Board is committed to maintaining an education and work environment that is free from discrimination based on sex, including sexual harassment.

The Board prohibits Sexual Harassment that occurs within its education programs and activities. When the District has actual knowledge of Sexual Harassment in its education program or activity against a person in the United States, it shall promptly respond in a manner that is not deliberately indifferent.

Pursuant to its Title IX obligations, the Board is committed to eliminating Sexual Harassment and will take appropriate action when an individual is determined responsible for violating this policy. Board employees, students, third-party vendors and contractors, guests, and other members of the School District community who commit Sexual Harassment are subject to the full range of disciplinary sanctions set forth in this policy. The Board will provide persons who have experienced Sexual Harassment ongoing remedies as reasonably necessary to restore or preserve access to the District's education programs and activities.



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**COMPLAINT FORM**

**TITLE IX DISCRIMINATION COMPLAINT FORM**

Title IX of the Education Amendments of the 1972 (20 W.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. ***When the form has been completed and signed by you, and then signed by the Title IX Coordinator or a Deputy, your complaint has been properly received and noted by Wilmington City Schools.*** We will provide you with a copy of this form as well as complete information about the Title IX complaint process.

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

I am filing this complaint as a: \_\_\_\_ Faculty                      \_\_\_\_ Staff                      \_\_\_\_ Student

**Name:** \_\_\_\_\_ **Department/Building** \_\_\_\_\_  
(first and last name)

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_ **or Student ID:** \_\_\_\_\_

**Have you brought this matter to the attention of any other department(s) at Wilmington City Schools?** If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type of Complaint (Check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Bullying              | <input type="checkbox"/> Sexual Misconduct     |
| <input type="checkbox"/> Cyber Bullying        | <input type="checkbox"/> Stalking              |
| <input type="checkbox"/> Gender Discrimination | <input type="checkbox"/> Rape                  |
| <input type="checkbox"/> Gender Inequity       | <input type="checkbox"/> Retaliation           |
| <input type="checkbox"/> Sexual Harassment     | <input type="checkbox"/> Relationship Violence |
| <input type="checkbox"/> Sexual Assault        |  |

**Complaint:** Describe your complaint. Please summarize below with dates, times, and list any witnesses for each event if more than one. For each witness include their name, phone number and relationship (The relationship information requested means co-worker, supervisor, faculty, etc). **Attach additional pages describing your complaint if necessary.**

Date	Time	Witnesses	Summary of Event:

**Name of person or persons you believe committed the offense against you and how you have contact with them** (e.g. supervisor, co-worker, faculty, staff member, etc).

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

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

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**I certify the aforementioned is true and correct.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**For the Title IX Coordinator and/or Designee. Complaint taken by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date