**HERITAGE ACADEMY**

**TITLE IX GRIEVANCE FORM**

Heritage Academy (“the School”) complies with federal and state laws prohibiting unlawful discrimination based on race, color, national origin, sex, disability and age in its programs and activities. Such programs and activities may include, but are not limited to, admissions, recruitment, academic programs, counseling and guidance, discipline classroom assignment, grading, vocational education, recreation, physical education, athletics and employment.

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 School’s Title IX Coordinator as follows:

Jennifer Whitmire

Human Resource Manager

32 S Center St.

Mesa, Arizona 85210

480-969-5641 ext. 4408

jwhitmire@heritageacademyaz.com

In addition to the use of this form, other forms of complaints (verbal and written) will be accepted.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaint is from: [ ]  Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Work

1. Describe the alleged discrimination in specific terms (attach additional pages if necessary). Include:
	1. The specific incident or activity that is alleged to be in violation of Title IX
	2. The individuals involved;
	3. 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. Please describe how you would like to see this issue resolved.
4. Do you want this Complaint to be formally investigated and addressed by the School’s Title IX Coordinator or her designee? [ ]  Yes [ ]  No. If “No”, please clarify:

[ ]  The School’s Title IX Coordinator is the alleged wrongdoer. Another individual should be designated by the School to conduct the investigation.

[ ]  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 grievance.

[ ]  Other (please explain):

The Title IX Coordinator will complete the investigation no later than 30-working days after the filing of the grievance, unless extenuating circumstances require an extension of the 30-working day timeline. In such a case, the Title IX Coordinator (or her/his designee) will communicate with the Complainant concerning the need for an extension.

**PLEASE RETURN THIS FORM TO THE TITLE IX COORDINATOR LISTED ON THIS FORM.**