SHEAR EGO
INTERNATIONAL SCHOOL

Shear Ego International School of Hair Design

Title IX Harassment/Discrimination Complaint Form

Date of Report: _____

Section 1: Complainant Information

- **Full Name:** _____
- **Preferred Pronouns (Optional):** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Address:** _____

- **Are you a student or employee?**
  ☐ Student ☐ Employee ☐ Other (Please specify): _____

Section 2: Respondent Information (The individual(s) the complaint is against)

- **Full Name of Respondent(s):** _____
- **Role of Respondent(s) (e.g., student, employee, faculty, staff, guest):** _____
- **Location of Incident (e.g., specific building, classroom, online, etc.):** _____

Section 3: Description of the Incident

- **Date(s) of Incident(s): _____**
- **Time(s) of Incident(s): _____**
- **Location(s) of Incident(s): _____**
- **Describe the incident(s) of harassment or discrimination in detail (include all relevant facts, behavior, or actions that you believe to be discriminatory or harassing):**

- **How has the incident(s) affected you (e.g., academically, emotionally, or otherwise)?**

Section 4: Witnesses (if applicable)

Please list the names and contact information of any witnesses to the incident(s). If there are no witnesses, you may leave this section blank.

- **Witness Name: _____**
  Contact Information: _____
  Description of Witness Statement (if known): _____

Section 5: Prior Actions Taken

- **Have you previously reported this incident to anyone at the institution (e.g., instructor, Title IX coordinator, supervisor)?**
  ☐ Yes ☐ No
- **If yes, please provide details on whom you reported it to, the date(s) of reporting, and any follow-up actions taken:**

Section 6: Desired Outcome

- **What resolution or actions would you like to see as a result of this complaint?** (Check all that apply)

  ☐ Investigation into the incident(s)
  ☐ Educational or awareness programs
  ☐ Disciplinary action against the respondent(s)
  ☐ Mediation or conflict resolution
  ☐ Other (please specify): _____

Section 7: Confidentiality and Consent

- **Do you wish for your identity to remain confidential during the investigation?**
  ☐ Yes ☐ No
- **Do you consent to the institution conducting an investigation into your complaint?**
  ☐ Yes ☐ No
  (Note: Consent to investigate is necessary for a Title IX inquiry to occur.)
- **Do you consent to the release of your name to the respondent during the investigation?**
  ☐ Yes ☐ No

Section 8: Additional Information

If you have any additional information, documents, or evidence (e.g., text messages, emails, photos) related to the complaint, please attach them to this form.

- **Additional Comments or Information:** _____

Signature of Complainant:

By signing below, I affirm that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that providing false or misleading information could have consequences under institutional policies.

Signature: _____
Date: _____

For Office Use Only

- **Received By: _____**
- **Date Received: _____**
- **Investigation Start Date: _____**
- **Investigator Assigned: _____**