



Human Resource Services

Title IX Grievance Review Request

CONFIDENTIAL

Instructions: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate Title IX Compliance Coordinator:

Student Related Issues: Director of Student Services/Alternative Education OR

Employee Related Issues: Chief Human Resources Officer

5735 47th Avenue, Sacramento, CA 95824 • P.O. Box 246870, Sacramento, CA 95824-6870

1. **Name of Grievant:**

Home Address

Zip

Home Telephone

School/Office:

2. **Nature of Your Grievance:** Please describe the action you believe may be in violation of Title IX, and identify any person(s) you believe may be responsible. (Attach additional sheets if necessary.)

3. Have you discussed your grievance with any Sacramento City Unified School District personnel?

Yes

No

If yes, to whom have you spoken?

Date:

4. What was the result of the discussion(s):

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR GRIEVANCE.

I certify that the foregoing is true and correct.

Print Name

Signature

Date

FOR HUMAN RESOURCE SERVICES USE ONLY:

Date Received: _____ Initial _____