



# 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 III of Student and Family Support Services OR

**Employee Related Issues:** Associate Superintendent of Human Resource Services

5735 47<sup>th</sup> 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 \_\_\_\_\_