

Lawrence Family Development, Inc or Lawrence Family Development Charter School

## Title IX Discrimination Complaint Form

*Title IX of the Education Amendments of 1972 (20 U.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.*

**To file a complaint, please fill out this form and return to the LFD, Inc. Human Resources Director/Title IX Coordinator at 34 West Street, Lawrence, MA 01841. When the form has been completed and signed by you, and then signed by the Title IX Coordinator, your complaint has been properly received and noted by Lawrence Family Development, Inc. or Lawrence Family Development Charter School. The Title IX Coordinator and/or designee investigates complaints by designees on behalf of students and staff who believe themselves to be harmed by sexual harassment discrimination and harassment related to gender. A copy of this form as well as complete information about the Title IX complaint process will be provided.**

**Designee (on behalf of a student):**

If you are a designee on behalf of a student who believes has been subjected to (1) sexual harassment including sexual assault, sexual violence or other sexual misconduct, by a LFD, Inc. or LFDCS staff member or student or (2) any other form of gender discrimination under Title IX, you may report such misconduct or file a formal complaint with the Title IX Coordinator. Complaints must be submitted in writing not more than 180 days after the incident(s) in question. For good cause and at LFD/ LFDCS's discretion, the writing requirement or the 180-day time limitation may be waived.

**LFD, Inc/LFDCS Staff:**

If you are a staff member of LFD, Inc./LFDCS who believes you have been subjected to discrimination under Title IX, including sexual harassment including sexual assault, sexual violence or other sexual misconduct or who wishes to file a complaint under Title IX, you can do so with the Title IX Coordinator at LFD, Inc. 34 West Street, Lawrence, MA 01841. Complaints must be submitted in writing not more than 180 days after the incident(s) in question. For good cause and at the organization's discretion, the writing requirement or the 180-day time limitation may be waived.

Federal and state laws prohibit the taking of retaliatory measures against any individual who files a complaint in good faith.

**CONTACT INFORMATION**

Scott Flagg, LFD, Inc, Human Resources Director/Title IX Coordinator

34 West Street, Lawrence, MA 01841

Phone: (978) 224-8808

Fax: (978) 689-8133

Email: [sflagg@lfddef.org](mailto:sflagg@lfddef.org)

**Lawrence Family Development, Inc or Lawrence Family Development Charter School**  
**Title IX Discrimination Complaint Form**

**I am filing this complaint as a: (check one)**

LFD, Inc./LFDCS Staff Member

Other (on behalf of student) *Relationship to student:* \_\_\_\_\_

Name: \_\_\_\_\_ Name of Organization: LFD, Inc. LFD, Inc.

Phone (W): \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

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

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

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

**Have you brought this matter to the attention of any other person at LFDCS/LFD, Inc./Other? If so, please list the name(s) of all other person(s) with whom you have discussed this matter?** Yes No

If yes, list Name(s): \_\_\_\_\_

<b>Type of Complaint:</b>	Gender Discrimination	Gender Inequity	Rape
	Sexual Harassment	Sexual Assault	Relationship Violence
	Sexual Misconduct	Stalking	Retaliation

**Complaint:** Describe your complaint: Please summarize below and attach additional pages describing your complaint if necessary.

\_\_\_\_\_  
\_\_\_\_\_

Name of Person(s) you believe committed the offense against you (or student) and how you (or student) have contact with them (e.g., supervisor, co-worker, staff member, student)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

For retaliation complaints, please explain why you believe someone retaliated against you (or student).

\_\_\_\_\_  
\_\_\_\_\_

**Witnesses (the relationship information requested means co-worker, supervisor, staff member, other student(s))**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

2.. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

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

***For the Title IX Coordinator and /or Designee Only:***

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_