



District of Columbia State Athletic Association

TITLE IX GRIEVANCE FORM

You do not have to use this form to file a complaint with the District of Columbia State Athletic Association (DCSAA). You may send the DCSAA a letter or e-mail instead of this form, but the letter or e-mail must include the information in items one through eight and item ten of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed.

The TITLE IX grievance process can be found on the DCSAA website at: dcsaasports.org/titleix

1. Name of person filing this complaint:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Telephone: _____ **Work Telephone:** _____

E-mail Address: _____

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Telephone: _____ **Work Telephone:** _____

E-mail Address: _____

3. DCSAA investigates discrimination complaints against member schools which receive funds from the U.S. Department of Education. Please identify the member school that engaged in the alleged Title IX violation. If we cannot accept your grievance, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: _____

Address: _____

City:_____ **State:**_____ **Zip Code:**_____

Department/School: _____

- Discrimination based on sex (specify)**

- Retaliation because you filed a complaint or asserted your rights (specify)**

4. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of sex. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

5. What is the most **recent date** you were discriminated against?

Date:_____

6. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint. Please explain why you waited until now to file your complaint.

7. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

YES **NO**

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

8. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: _____

Date Filed: _____

Case Number or Reference: _____

Results of Investigation/Findings by Agency or Court:

9. What would you like the member school to do as a result of your grievance — what remedy are you seeking?

10. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

(Date)

(Signature)

(Date)

(Signature of person in Item 2)

Please send the completed and signed Title IX Grievance Form, your signed consent form and copies of any written material or other documents you believe will help the DCSAA understand your complaint to the DCSAA by email at dcsaasports@dc.gov or by mail to District of Columbia State Athletic Association 1050 First St. NE, Washington, DC 20002



CONSENT FORM - FOR REVEALING NAME AND PERSONAL INFORMATION TO OTHERS

(Please print or type except for signature line)

Your Name: _____

Name of School That You Have Filed This Complaint Against:

- This form asks whether the District of Columbia State Athletic Association (DCSAA) may share your name and other personal information when the DCSAA decides that doing so will assist in investigating and resolving your complaint.
- For example, to decide whether a school discriminated against a person, the DCSAA often needs to reveal that person’s name and other personal information to employees at that school to verify facts or get additional information. When the DCSAA does that, the DCSAA informs the employees that all forms of retaliation against that person and other individuals associated with the person are prohibited. The DCSAA may also reveal the person’s name and personal information during interviews with witnesses and consultations with experts.
- If the DCSAA is not allowed to reveal your name or personal information as described above, the DCSAA may decide to close your complaint if the DCSAA determines it is necessary to disclose your name or personal information in order to resolve whether the school discriminated against you.
NOTE: If you file a complaint with the DCSAA, the DCSAA can release certain information about your complaint to the press or general public, including the name of the school; the date your complaint was filed; the type of discrimination included in your complaint; the date your complaint was resolved, dismissed or closed; the basic reasons for the DCSAA's decision; or other related information. Any information the DCSAA releases to the press or general public will not include your name or the name of the person on whose behalf you filed the complaint. **NOTE:** The DCSAA requires you to respond to its requests for information. Failure to cooperate with the DCSAA's investigation and resolution activities could result in the closure of your complaint.

Please sign section A or section B (but not both) and return to the DCSAA:

- If you filed the complaint on behalf of yourself, you should sign this form.
- If you filed the complaint on behalf of another specific person, that other person should sign this form.
EXCEPTION: If the complaint was filed on behalf of a specific person who is younger than 18 years old or a legally incompetent adult, this form must be signed by the parent or legal guardian of that person.
- If you filed the complaint on behalf of a class of people, rather than any specific person, you should sign the form.

A. I give the DCSAA my consent to reveal my identity (and that of my minor child/ward on whose behalf the complaint is filed) to others to further the DCSAA's investigation activities.

Signature

Date

OR

B. I do not give the DCSAA my consent to reveal my identity (and that of my minor child/ward on whose behalf the complaint is filed) to others. I understand that the DCSAA may have to close my complaint.

Signature

Date