**FORM - COORDINATOR’S CONTACT WITH COMPLAINANT**

**INSTRUCTIONS FOR USE: Form is to be used by Title IX Coordinator to document compliance with Model Policy Section III.B.1.c “Complainant Contact” and the details of that contact.**

**COMPLAINANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [CIRCLE ONE] STUDENT/ EMPLOYEE**

**IF A MINOR, NAME OF COMPLAINANT PARENT/GUARDIAN CONTACTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[\_\_\_\_] Confirm That Supportive Measures Were Explained \_\_\_\_\_\_\_\_& Offered\_\_\_\_\_\_\_\_\_**

**[\_\_\_\_] Confirm Explanation That Receipt of Supportive Measures DO NOT require Formal Complaint Filing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe Here ANY Supportive Measures Requested by Complainant/Parent/Guardian:**

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**Describe Here ANY Supportive Measures Arranged for During Initial Meeting/Contact:**

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**[\_\_\_\_]Confirm Process for Formal Complaint Was Explained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIRM EITHER Complaint Form Was Provided: \_\_\_\_\_\_\_\_\_\_\_ OR that directions for how to obtain a copy of the form was provided: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIRM TITLE IX Policy COPY PROVIDED to Complainant AND/OR to Parent/Guardian: \_\_\_\_\_\_\_\_\_**

**Describe here ANY ADDITIONAL information shared by Complainant regarding allegations: (add pages if necessary)**

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