



Parkers Prairie Public Schools

Title IX Grievance Form

Complainant's Name: _____
Last Name First Name Initial

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Circle One: Student Employee Parent Other

Specifics of Complaint (describe below, including any dates of alleged discrimination). Attach an extra page if necessary.

List any witnesses to the alleged Title IX violation (include names and contact information if known).

If you wish, please describe any corrective action you would like to see taken with regard to the possible Title IX violation. Attach an extra page if necessary.

Date

Signature of Complainant.

Please return the completed form to:
Carey Johnson, Title IX Coordinator
Parkers Prairie H.S., 411 South Otter Avenue, Parkers Prairie, MN 56361