



RIO RANCHO PUBLIC SCHOOLS

500 Laser Road NE
Rio Rancho, New Mexico 87124

"Student Excellence"

(505) 896-0667
Fax (505) 896-0662
www.rrps.net

TITLE IX/SECTION 504 FORMAL COMPLAINT FORM

PURPOSE: The purpose of the Title IX/Section 504 grievance procedures is to secure, at the lowest possible level, prompt and equitable resolutions of complaints based on sex or disability discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 ("Title IX"), Title II of the American with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 (collectively, "Section 504"), and violation of District policies that prohibit these types of discrimination. These procedures apply **only** to complaints alleging discrimination prohibited by Section 504 and Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX or Section 504 discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination:

Title IX Complaints (students):

Tonna Burgos, Title IX Coordinator
500 Laser Rd. NE
Rio Rancho, NM 87124

Section 504 Complaints (students):

Theresa Griffin-Golden, Section 504
Compliance Coordinator
500 Laser Rd. NE
Rio Rancho, NM 87124

Employee Issues:

Dr. Susan Passell, Executive Director for Human Resources
500 Laser Rd. NE
Rio Rancho, NM 87124

1. Name of Complainant: _____

Home Address

City/State/Zip

Home Phone

School/Office: _____ **Grade:** _____

2. Nature of Grievance: Please describe the action you believe may be sex or disability discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX or Section 504, and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

3. When did the actions described above occur?

4. Are there any witnesses to this matter? (Please circle) Yes No
If yes, please identify the witnesses:

5. Did you discuss this matter with any of the witnesses identified in Item 4?
(Please circle) Yes No

If yes, please identify:

Person to whom you have spoken: _____ Date: _____

Method of communication:

6. Have you spoken to any administrator(s) or other District employee(s) about this
matter? (Please circle) Yes No

If yes, please identify:

Person to whom you have spoken: _____ Date: _____

Method of communication:

7. Please describe the result of the discussion(s) identified in Item 6:

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

Print Name

Signature

Date

FOR DISTRICT OFFICE USE ONLY:

Date Received: _____ Initials: _____ File # _____

Student Services

Human Resources