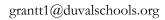


Duval County Public Schools

Every Student. Every Day.





(6.)	3	tnesses identified above? If yes, please identify nmunicated with, the date(s) on which the of communication.
(7.)		oout this matter? If yes, please identify the name ith, the date(s) on which the communication n.
(8.)	Is there anything else you would like us to kno	w?
PLEASE ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTATION WHICH YOU BELIEVE IS RELEVANT TO YOUR COMPLAINT.		
I certify that the information provided in this complaint is true and correct to the best of my knowledge. I understand it is a violation of School Board Policy and the Code of Student Conduct to provide false statements. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the School and/or District deems relevant and/or necessary to investigate this matter.		
Sgnature: Date: Date:		
Print Name:		
If parent/guardian, print name of student:		
Signature of School-based/District Title IX Coordinator: Date:		