



Scholarship Prep Schools

770 The City Dr S, Ste 4200 Orange, CA 92868 <https://www.scholarshipschools.org>

Title IX Discrimination Complaint Form

Scholarship Prep - Oceanside Name: Valerie Douglass Phone: (424) 262-3249 Address: 4070 Mission Ave, Oceanside, CA 92057	Scholarship Prep (Santa Ana) Name: Dennise Allotey Phone: (714) 795-3498 Address: 1010 W 17th St, Santa Ana, CA 92706
Scholarship Prep - South Bay Name: Harris Luu Phone: (424) 203-0343 Address: 24910 S Avalon Blvd, Wilmington, CA90744	Scholarship Prep - Organization/Home Office Name: Jason Watts Phone: (714) 795-3729 Address: 770 The City Dr S, Ste 4200, Orange, CA 92868

(including gender equity/sexual harassment/sexual violence)

To file a complaint with the school, please complete and mail, email to info@scholarshipschools.org, or bring this form to the office designated above. Or, you may call the office to make arrangements for a representative to meet with you there or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the office above to schedule an appointment. Although the school cannot commit to keeping a complaint of discrimination confidential because of the school's obligation to investigate the complaint, the university will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Please feel free to contact the office designated above if you have any questions regarding the process for filing or investigating complaints of discrimination (including sexual harassment).

Note: A victim of discrimination or harassment is encouraged to use the school's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor, or Office of Civil Rights.

CONFIDENTIAL - Title IX Discrimination Complaint Form

Complainant:

Last Name	First Name	Middle Initial
Address		
Work Telephone	Home Telephone	

Affiliation:			
<input type="checkbox"/> Certificated Employee	<input type="checkbox"/> Administration	<input type="checkbox"/> Student	<input type="checkbox"/> Other (Please explain your affiliation) _____ _____
<input type="checkbox"/> Classified Employee	<input type="checkbox"/> Employment Applicant	<input type="checkbox"/> Parent/Guardian	

Nature of Complaint: (Check one or more)			
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Sexual Harassment/ Workplace Violence	<input type="checkbox"/> Gender/Sex	<input type="checkbox"/> Other (Please explain) _____ _____

Person Who Discriminated Against You:

Name	Title	Department

<p>Description of Complaint: Describe your complaint and why you believe this person discriminated/retaliated against you. Explain why you have contact with this individual, e.g., supervisor, co-worker, faculty, customer, etc. Give date(s), time(s), place(s) the discrimination/retaliation occurred. (Attach additional pages as necessary.)</p>
<input type="checkbox"/> Attachment

Previous Action: Have you brought this matter to the attention of any other department(s) at the school? If so, please list the name(s) and the department(s) of all other persons with whom you have discussed this matter. (Attach additional pages as necessary.)

Attachment

Complaint Documentation: Explain any documentation supporting your complaint. (Attach additional pages as necessary.)

Attachment

Corrective Action Sought: (Attach additional pages as necessary.)

Attachment

Witnesses: (Relationship - co-worker, supervisor, customer, faculty, etc.)

Name	Title/Relationship	Telephone
Name	Title/Relationship	Telephone
Name	Title/Relationship	Telephone

Declaration:

I declare under penalty of perjury that the foregoing is true and correct. (Your email address in lieu of your signature if this complaint is filed via email.)

Signature	Print Name	Date

