



**Title IX Formal Complaint Form**

**PURPOSE:** Title IX prohibits discrimination on the basis of sex, including sexual harassment, in any program, service or activity, including but not limited to, educational programs or activities, such as, extracurricular activities, student services, academic counseling, discipline, classroom assignment, grading, athletics, and transportation operated by the Academy, including admission to these programs and activities. Title IX also prohibits sex discrimination in employment.

**Instructions:** Individuals who believe a Title IX violation may have occurred are required to complete this form and submit it to one of District Title IX Coordinator identified below:

**Ms. Amal Beydoun-Female coordinator**

C/O Star International Academy  
6919 N. Waverly St.  
Dearborn Heights, MI 48127  
313-565-0507  
[abeydoun@hesedu.com](mailto:abeydoun@hesedu.com)

**Dr. Ali Bazzi-Male Coordinator**

C/O Star International Academy  
6919 N. Waverly St.  
Dearborn Heights, MI 48127  
313-565-0507  
[abazzi@starpsa.org](mailto:abazzi@starpsa.org)

**Section 1: Complainant**

Employee  Student  other (please specify) \_\_\_\_\_ If Student, please indicate grade level: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Section 2: Respondent**

Employee  Student  other (please specify) \_\_\_\_\_ If Student, please indicate grade level: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Section 3: Incident Information**

a) Date of Alleged Incident: \_\_\_\_\_

b) Where the incident occurred: \_\_\_\_\_

c) Description of Formal Complaint: Please describe the action(s) you believe may be a violation of Title IV, and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STAR INTERNATIONAL ACADEMY



# Star International Academy

45081 Geddes Road  
Canton, MI 48188  
Tel: 734.331.3081

- d) Are there any witnesses to this matter?  Yes  No
- e) If yes, please identify the witnesses. Use additional sheets if necessary. (The relationship information requested means co-worker, supervisor, student, parent, etc.)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

- f) Did you discuss this matter with any of the witnesses identified above?  Yes  No

If yes, please list the names of the individuals whom you discussed this matter with:

\_\_\_\_\_  
 \_\_\_\_\_

- g) Have you spoken to any administrator(s) or other Academy staff member(s) about this matter?

Yes  No, if yes, please identify person to whom you have spoken: \_\_\_\_\_

Date: \_\_\_\_\_ Method of communication: \_\_\_\_\_

Please describe the result of the discussion(s) identified above: (please use additional sheets if needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**

\_\_\_\_\_  
 Name Signature Date

**For the Title IX Coordinator and/or Designee's use only**

Complaint taken by:

\_\_\_\_\_  
 Name Signature Date