



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

Dr. Ali Bazzi-Male Coordinator

C/O Star International Academy
6919 N. Waverly St.
Dearborn Heights, MI 48127
313-565-0507
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

24425 Hass Street
Dearborn Heights, MI 48127
Tel: 313.724.8990
Fax: 313.724.8994

- 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