Title IX Sexual Harassment Reporting Form

COMPLAINANT _____
Last Name *First Name* *Middle Initial*

STUDENT'S SCHOOL _____ **GRADE** _____ **HOMEROOM/CLASSROOM** _____

EMPLOYEE'S WORK SITE _____

INFORMATION CONCERNING SEXUAL HARASSMENT

DATE: _____ **TIME:** _____ ☐ **AM** ☐ **PM LOCATION:** _____

INDIVIDUAL(S) WHO ALLEGEDLY ENGAGED IN TITLE IX SEXUAL HARASSMENT:

_____

DESCRIPTION OF ALLEGATION: _____

_____

_____

NAME OF PERSON FILLING OUT THIS FORM (PLEASE PRINT): _____

SIGNATURE: _____ **DATE:** _____

Review/Revised:9/15/2020