411 East Chestnut Street, Charleston, MS 38921
662-647-5524 | Fax 662-647-3720
www.etsd.k12.ms.us

REPORT OF SEX DISCRIMINATION OR SEXUAL HARASSMENT

CONFIDENTIAL - ANY PERSON MAY MAKE A REPORT

EMERGENCY If anyone is in immediate danger or needs urgent medical help, call 911. Reporting to ETSD does not prevent a report to law enforcement.

A report may be made orally or in writing. This form is offered for convenience and is not required. ETSD will respond promptly and will discuss available supportive measures. A report is different from a formal complaint requesting the Title IX grievance process.

Person filing report	_____
Relationship	☐ Student ☐ Parent/guardian ☐ Employee ☐ Witness ☐ Other: _____
Phone and email	_____
Preferred contact	☐ Phone ☐ Email ☐ In person Safe time to contact: _____
Complainant	Person alleged to have experienced the conduct: _____
Respondent	Person alleged to have engaged in the conduct: _____

INCIDENT INFORMATION	
Date and time	_____ ☐ Exact ☐ Approximate ☐ Ongoing
Location/platform	☐ School ☐ Bus ☐ Event ☐ Online/device ☐ Other: _____
School/program	☐ CES ☐ CMS ☐ CHS ☐ District office/program ☐ Other: _____

Describe what happened. *Include specific words/actions, sequence, dates, locations, and how the conduct affected access to school or work.*

Witnesses or persons with relevant information

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Evidence or records that may exist *Examples: messages, email, screenshots, photos, video, social media, documents, or camera locations. Preserve originals.*

_____
_____
_____

SAFETY, SUPPORT, AND PRIOR REPORTING

☐ There is an immediate safety concern.
☐ A no-contact or separation measure is requested.
☐ Counseling or other supportive services are requested.
☐ Medical attention may be needed.
☐ Schedule, transportation, or workplace support is requested.
☐ The conduct may be continuing online or in person.

Explain requested support or any immediate concern

_____
_____
_____
_____

Previously reported?	☐ No ☐ Yes - To whom: _____ Date: _____
Other report made?	☐ Law enforcement ☐ Child protection ☐ Other agency ☐ None known
Parent/guardian notified	☐ Yes ☐ No ☐ Not applicable ☐ Safety/privacy concern - explain above

CERTIFICATION AND SUBMISSION

I certify that the information provided is true and complete to the best of my knowledge. I understand ETSD prohibits retaliation and that deliberately false statements may be addressed under applicable policy; a report that is not substantiated is not, by itself, a false report.

_____ _____
Signature of person filing report / Date Printed name / Best contact number

SUBMIT Title IX Coordinator, East Tallahatchie School District, 411 East Chestnut Street, Charleston, MS 38921. Phone: 662-647-5524. For secure electronic submission or the current coordinator email, contact the district office or visit www.etsd.k12.ms.us.

DISTRICT USE ONLY

Received by/date/time	_____
Title IX Coordinator notified	Date/time: _____ Method: _____
Immediate actions	☐ Safety assessment ☐ Supportive measures ☐ Parent contact ☐ Other: _____
Routing	☐ Title IX review ☐ Other ETSD policy/process ☐ Law enforcement/CPS ☐ Both
Case/reference number	_____