

MODEL 2024 TITLE IX REPORTING FORM

[PLACE ON DISTRICT LETTERHEAD]

Any person may report sex discrimination, including sex-based harassment, whether or not the person reporting is the person alleged to be the victim of the conduct that could constitute sex discrimination. The report may be made in any form, by any method, and at any time to any District employee or to the District's Title IX Coordinator at [insert name(s), position(s), address(es), telephone number(s), and email address(es)]. A report may be anonymous. This form is available for submitting a written report but is not required. [Also include if applicable: Or by District online portal at [insert website link].]

Date: _____

Name: _____

Anonymous reports are accepted.

Student Parent/Guardian Employee Other (please specify): _____

If a student, specify school and grade: _____

If a parent/guardian or other, provide contact information: _____

Is the person making this report also the victim of the alleged conduct? Yes No

Person(s) who are the alleged victim(s) of the alleged conduct:

Name: _____

School: _____ Grade: _____

Name: _____

School: _____ Grade: _____

Person(s) who are accused of the alleged conduct:

Name: _____

Student Staff Other _____

Name: _____

Student Staff Other _____

Person(s) who witnessed or have knowledge of the alleged conduct:

Name: _____

Student Staff Other _____

Name: _____

Student Staff Other _____

Name: _____

Student Staff Other _____

Approximate date(s) and time(s) of the alleged conduct: _____

Location(s) of the alleged conduct: _____

Description of the alleged conduct, including any related evidence (may use reverse side and/or additional pages if needed): _____

By completing and signing this form, I attest that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____