

49 Charles Avenue, Middlebury, VT 05753 P. 802-382-1274 F. 802-388-0024 Business Office 802-382-1274 Student Services 802-382-1287

**Student / Staff Conduct Form - Staff / Teacher / Employee Version**

**NOTE: If you personally witnessed the conduct, you SHALL report conduct you reasonably believe MIGHT be HHB. If you did NOT personally witness the conduct, you SHALL report conduct that MIGHT be HHB.**

**Staff / Teacher/ Employee - Author of form:** (Name)

**Date/Time form filled out: Date:** (mm/dd/yyyy) **Time:** (hh:mm)

**Were you a direct witness to the incident?** (Yes/No)

**If not, identify student/adult/employee reporter name:** (Name)

**& Was that reporter a witness to the incident?** (Yes/No)

**Identity of Alleged Student or Staff Offender:** (Name)

**Identity of Complainant (person targeted by the behavior, need not have reported it):** (Name)

**Date/Time of alleged incident: Date:** (mm/dd/yyyy) **Time:** (hh:mm)

**Date/Time information received by author (if not a witness to incident): Date:** (mm/dd/yyyy) **Time:** (hh:mm)

**Identity of student witnesses (if any):** (Names)

**Identity of any other district employee witnesses (if any):** (Names)

**Any initial actions taken by author:** (describe actions taken)

**Description of witnessed or reported conduct:** (describe conduct, use more pages if necessary)

**Does author have additional knowledge regarding alleged incident - separate from that reported or witnessed?** (Yes/No)

**If "Yes" then describe that information:** (describe)

**\*NEW AUG 2020: WHERE ANY EMPLOYEE receives information of conduct which MAY constitute sexual harassment under Title IX you SHALL WITHOUT DELAY INFORM THE TITLE IX COORDINATOR OF THE ALLEGED HARASSMENT.**

**Date & time reported to Title IX Coordinator: Date: (**mm/dd/yyyy**) Time: (**hh:mm**)**

**Title IX Coordinator Signature acknowledging receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incident reported to designated employee?** (Yes/No)

**If no, explain in detail WHY not reported to DE:** (explain)

**If reported to DE/Date & time incident was reported to C-1 designee: Date:** (mm/dd/yyyy) **Time:** (hh:mm)

**DE Signature acknowledging receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**