

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 -Title IX Coordinator Version**

**Title IX Coordinator/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 Title IX Coordinator (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)

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

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

**Describe:** (describe)

**Does information available to Title IX Coordinator provide actual knowledge of a "Report of sexual harassment prohibited by Title IX" such that the coordinator has sufficient personal knowledge of the alleged facts to be aware that if such facts were found to be true it would "Satisfy the definition of sexual harassment as defined under Title IX."**

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

**Explain:** (explain)

**\*If yes then as soon as reasonably possible after receiving a report of sexual harassment, Title IX Coordinator shall contact complainant (or parent/guardian for minor students). After that contact coordinator should fill out "Form documenting coordinator contact with complainant."**