

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 - Building Administrator Version**

**School Administrator - 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 Respondent:** (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 building administrator (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 building administrator have additional knowledge regarding alleged incident - separate from that reported or witnessed?** (Yes/No)

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

**BA determination as to whether there is information of allegations, which in *BA’S judgment, they reasonably believe may constitute harassment or hazing or bullying*:** **(IF YES HHB INVESTIGATION MUST COMMENCE)**  (Yes/No)

**Explain Decision: (**explain, use more pages if necessary)

**Building Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date:** (mm/dd/yyyy)

**\*\*NEW AUG 2020: If you reasonably believe the conduct may or might be "Sexual Harassment," you must refer this matter directly to your Title IX Coordinator without delay. In such case no decision to launch a VT HHB investigation can occur without consultation with the Title IX Coordinator first.**

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

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

**In cases where investigation is launched:**

**Assignment of Investigator:** (Name)

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

**Date Investigation Launched: (NO later than 1 day from Notice to DE):** (mm/dd/yyyy)

**Policy and Procedures Sent to Complainant Parent:** (mm/dd/yyyy) **Accused:** (mm/dd/yyyy)