

**Title IX Sexual Harassment Reporting Form**

|                            |                  |                          |                       |
|----------------------------|------------------|--------------------------|-----------------------|
| COMPLAINANT _____          |                  |                          |                       |
|                            | <i>Last Name</i> | <i>First Name</i>        | <i>Middle Initial</i> |
| STUDENT'S SCHOOL _____     | GRADE _____      | HOMEROOM/CLASSROOM _____ |                       |
| EMPLOYEE'S WORK SITE _____ |                  |                          |                       |

**INFORMATION CONCERNING SEXUAL HARASSMENT**

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  AM  PM **LOCATION:** \_\_\_\_\_

**INDIVIDUAL(S) WHO ALLEGEDLY ENGAGED IN TITLE IX SEXUAL HARASSMENT:**

\_\_\_\_\_

**DESCRIPTION OF ALLEGATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME OF PERSON FILLING OUT THIS FORM (PLEASE PRINT):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Review/Revised:8/20/2020