# Title IX Sexual Harassment Reporting Form

COMPLAINANT _____
*Last Name* *First Name* *Middle Initial*
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:11/17/2020