

REFERENCE COPY

FILE: ACA-AF1
Critical

SEXUAL HARASSMENT UNDER TITLE IX *(Report of Sexual Harassment)*

This is not a Formal Complaint of Sexual Harassment under Title IX. The Title IX coordinator will investigate the information provided on this form but is not obligated to begin the formal investigative and decision-making process required under federal law and policy ACA unless a formal complaint is filed.

IF HARASSMENT HAPPENED TO YOU (OR YOUR CHILD): Anyone who believes they have been a victim of sexual harassment may initiate a report using this form; may bypass this form and contact the Title IX coordinator directly for assistance; or may make a report by any other means that will result in the Title IX coordinator receiving the report.

IF YOU ARE REPORTING HARASSMENT THAT HAPPENED TO SOMEONE ELSE: It is understood that the basis of an initial report may be either direct or indirect knowledge or reasonable suspicion drawn from the circumstances and warranting further inquiry. District employees are required, and all other persons are strongly encouraged, to assist the district's Title IX coordinator by promptly supplying as much of the following information as possible, using this form, when making a report of sexual harassment. If you are not a district employee, you may instead directly contact the Title IX coordinator via any of the contact methods provided, but the Title IX coordinator will want the same information as is requested on this form.

Retaliation Prohibited

The district, its employees and other people are prohibited from intimidating, threatening, coercing or discriminating against you for filing this report. Please contact the Title IX coordinator immediately if you believe retaliation has occurred.

Confidentiality

The district will keep this report confidential as allowed by law. However, it may be necessary to disclose information contained in this report in order to investigate the alleged conduct and administer appropriate consequences. If you have any questions regarding how the information contained in this report may be used, please discuss them with the Title IX coordinator prior to filing the report. Once this report is filed, the district has an obligation to investigate the information provided.

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Critical

**SEXUAL HARASSMENT UNDER TITLE IX
Report of Sexual Harassment**

To: Title IX Coordinator

Date of Report: _____

Person Making Report

Name: _____

Address: _____

Phone(s): _____

Email: _____

Relationship with District – check at least one:

Student Employee Volunteer Visitor

Other (Explain): _____

Relationship to Incident – check at least one:

Complainant Complainant's Parent/Guardian Witness

Other person with knowledge (please explain): _____

Alleged victim(s) (if someone other than alleged victim is making report):

Name: _____

Address: _____

Phone(s): _____

Email: _____

Relationship with District – check at least one:

Student Employee Volunteer Visitor

Other (Explain): _____

Relationship with alleged perpetrator (respondent): _____

Please provide the contact information requested above for each additional alleged victim of the sexual harassment (attach additional sheets if necessary):

Respondent(s) (Alleged perpetrators)

Name: _____

Address: _____

Phone(s): _____

Email: _____

Relationship with District – check at least one:

Student Employee Volunteer Visitor

Other (Explain): _____

Relationship with the Victim: _____

Please provide the contact information requested above for each additional respondent (attach additional sheets if necessary):

Conduct – Please describe the conduct and/or circumstances prompting this report (attach additional sheets with all information if necessary):

Information regarding respondent – Please provide as much information as your can about the person(s) involved:

Witnesses – If other person(s) observed some or all of the conduct that constitutes sexual harassment or can otherwise provide information useful for an investigation, please provide names, descriptions and/or contact information:

Any other person(s) with information - Please provide the names, descriptions and/or contact information of any person not listed above but likely to have information regarding or verifying these claims, including other person(s) you have discussed this report with:

Other reports – Has this conduct been reported to the police, Children’s Division of the Missouri Department of Social Services or to any other agency? If so, please provide the name of any police agency contacted and provide to the Title IX Coordinator a copy of the report filed, if any:

Other evidence – If you have pictures, texts, e-mails, video or other types of evidence that support your allegations, please provide copies of them with this report or describe them below and provide them to the Title IX coordinator:

Safety – Do you have concerns regarding the safety of the alleged victim, perpetrator or any other person? If so, please explain:

Acknowledgement of Reporter

I have read this report form thoroughly and have answered all questions in good faith. I understand that I may contact the title IX coordinator if I have any questions about the reporting process of policy ACA in general.

Reporter’s Signature

Date

Reporter’s Printed Name: _____

District Receipt of Report

This report form was received by the Title IX coordinator on _____.

Title IX Coordinator’s Signature

Date

Title IX Coordinator’s Printed Name: _____

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area. Please click [here](#) to view [Policy ACA: Sexual Harassment Under Title IX](#).