

Initial Report

Section I – To be completed by the Principal or designee within 24 hrs of receiving the complaint

INSTRUCTIONS: The Principal must complete SECTION I (pages 1 & 2) only. Do not leave blanks on this document. It will be returned if incomplete. This form is to be used to report information necessary to initiate an investigation of alleged sexual or gender-based harassment, domestic or dating violence, stalking, or retaliation. **The complaint must be reported to the School Division officials in writing within twenty-four (24) hours of receiving the complaint.**

► REPORTER

(Person completing form)

Principal/Designee Name

Title

Date Complaint Received

Time

School Name

School Address

Direct Phone

Alternate Phone

Email Address

► COMPLAINANT'S INFORMATION

(If there are multiple complainants, please make additional copies of this page and complete the appropriate section for each victim)

Full Name

Date of Birth

Gender

Grade

Home Address

Parent/Guardian Name

Home Phone

Alternate Phone

► RESPONDENT'S INFORMATION

(If there are multiple respondents, please make additional copies of this page and complete this section for each aggressor)

Full Name

Relationship to Complainant

Date of Birth

Gender

Grade *(if applicable)*

Home Address

Parent/Guardian Name

Home Phone

Alternate Phone

► ALLEGED INCIDENT *Check the box that closely applies to the alleged incident that occurred:*

Sexual Harassment

Gender-based Harassment

Domestic/Dating Violence

Stalking

Retaliation

Is the unwelcome conduct:

Severe

Pervasive

Objectively Offensive

Briefly describe the nature of the incident ▼

► CPS & POLICE NOTIFICATION

Did the act constitute a crime? ☐ Yes ☐ No

► If yes was checked, was the police and/or School Resource Officer notified? ☐ Yes ☐ No

► Did the incident require the school to notify CPS? ☐ Yes ☐ No

Date Police notified

Time notified

Date CPS notified

Time notified

Comments ▼

► RPS DIVISION OFFICIALS NOTIFICATION

MANDATORY: Once SECTION I of the Initial Report has been completed, the Principal must use the sample email format below and attach only SECTION I (pages 1 and 2) to the email. When submitting the email notification, please protect the confidentiality of the student's record. **DO NOT INCLUDE information in the subject line or body of the email that would identify any of the parties, such as the student's name, date of birth, etc.** The Principal **MUST** send notification via email to titleixreferrals@rvaschools.net within 24 hours of receiving the complaint.

Email Sample	
To:	titleIXreferrals@rvaschools.net
Subject:	Alleged Title IX Incident at Rich Town School – Reported on 9/6/2017 at 9:37 am
Rich Town School has received a Title IX accusation on 9/6/2017 at 9:37 am involving three students (two males, one female.)	
Sincerely, Jane Doe, Principal	

NOTE: Should there be multiple, but separate incidents that occur on the same day, please be sure to include in your email the incident number (e.g. Rich Town School has received a second Title IX accusation on 9/6/2017 at 10:51 am)

► PARENTAL NOTIFICATION: Complainant

Complainant Parent/Guardian Notified? Yes Date Notified Time

Comments ▼

► PARENTAL NOTIFICATION: Respondent

Alleged Aggressor's Parent/Guardian Notified? Yes Date Notified Time

Comments ▼

► SUPPORTIVE MEASURES OR ACCOMMODATIONS

What supportive measures or accommodations have been made to separate and support the students involved in the investigation that still allow them to access their education? **Comments ▼**



ATTENTION BUILDING PRINCIPAL: PLEASE STOP HERE!



The Title IX Referrals point-of-contact will communicate with the Principal to discuss the next steps and will determine if the Title IX Response Team will be dispatched. If the Title IX Response Team is dispatched, the team will conduct an investigation and complete SECTION II (pages 3 through 7) of this form.

SECTION II – To be completed by RPS TITLE IX RESPONSE TEAM

INSTRUCTIONS: If the Title IX Response Team is dispatched to the school to conduct an investigation, the team will be responsible for completing SECTION II.

Please check the blank(s) that most appropriately describe the incident:

____ Complainant was exposed to unwelcome conduct of a sexual nature by a student or staff member that denied the complainant access to the Division's education program or activity.

____ Complainant feels the alleged behavior is/was severe, pervasive, and objectively offensive.

____ Complainant was a victim of any of the following:

____ Sexual assault, including rape, fondling, incest, or statutory rape

____ Dating violence

____ Domestic violence

____ Stalking

____ An employee of RPS (or a person affiliated with RPS) requested your participation in unwelcome sexual conduct or activity in exchange for Division aid, benefits, or services.

► RESPONSE TEAM INFORMATION

Please print or type

Response Team Member Name / Title

Response Team Member Name / Title

Response Team Member Name / Title

Response Team Member Name / Title

Date Investigation Commenced

Time

► INVESTIGATION

1. How many students were involved in the incident?

2. What is the age and gender of the alleged complainant(s) and respondent(s)?

3. What is the relationship between the parties involved? (e.g. classmates, boyfriend, girlfriend, etc.)

4. What is the nature of the behavior? Explain and be very specific as possible.

5. Where did the behavior or incident(s) occur? How often? *(e.g. classroom, cafeteria, playground, etc.)*

6. Were there past incidents or past continuing patterns of the behavior? If yes, were they reported? When was it reported? *(Dates and times, etc.)*

7. Describe the respondent, including whether he/she was in a position of power over the complainant? *(e.g. Overbearing significant other, teacher, student, etc.)*

8. Does the conduct adversely or continues to adversely affect the student's education or educational environment? If yes, please explain how.

► WITNESSES

Please Provide Specific Details *(Attach additional pages of this section as needed or attach written statements)*

Witness Name

Date Interviewed

Comments ▼

Time Interviewed

Did the witness refuse to be interviewed? ☐ Yes ☐ No

Witness Name

Date Interviewed

Comments ▼

Time Interviewed

Did the witness refuse to be interviewed? ☐ Yes ☐ No

Witness Name

Date Interviewed

Comments ▼

Time Interviewed

Did the witness refuse to be interviewed? ☐ Yes ☐ No

Witness Name

Date Interviewed

Comments ▼

Time Interviewed

Did the witness refuse to be interviewed? Yes No

► OUTCOME

9. What were the results of the investigation? Please detail the evidence to substantiate the claim?

RPS TITLE IX RESPONSE TEAM: Once the investigation has concluded, please forward the Initial Report Form (all pages, 1 through 7) and any supporting documentation (e.g. witness statements) via email to: titleixreferrals@rvaschools.net

FOR OFFICE USE ONLY – For the Title IX Coordinator	
Date received:	Received by:
<i>Was there sufficient evidence to substantiate the claim of a Title IX violation as factual?</i>	
Disposition: <input type="checkbox"/> Responsible? Not Responsible?	
Follow-up required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Case Completed by Title IX Coordinator:	
Title IX Coordinator’s Signature:	