

**CLAIBORNE PARISH SCHOOL BOARD**

**REPORT OF TITLE IX SEXUAL HARASSMENT VIOLATION**

Report No. \_\_\_\_\_

Name of Reporting Person \_\_\_\_\_

(check one) \_\_\_ student \_\_\_ parent/guardian \_\_\_ employee \_\_\_ other/ \_\_\_\_\_

Basis for Report (check one)

\_\_\_ Information from student/name \_\_\_\_\_

\_\_\_ Information from non-student/name \_\_\_\_\_

\_\_\_ Personal knowledge \_\_\_\_\_

Name(s) of Alleged Victim(s): \_\_\_\_\_

Name(s) of Alleged Harasser(s):  
\_\_\_\_\_

Name(s) of Alleged Witness(es):  
\_\_\_\_\_

Description of Alleged Sexual Harassment/Retaliation (Must include specific act(s), circumstances, date, time, and other details known which give cause to believe that sexual harassment and/or retaliation has occurred. Separate written statement may be attached.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information (Should include all other information known which may assist in investigation of report, such as how and when reporting party/source learned of reported facts, above, names of other persons who may have related information, etc. Separate statement may be attached.)

\_\_\_\_\_  
\_\_\_\_\_

Signature of Reporting Person \_\_\_\_\_

Printed Name of Reporting Person \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Date Submitted \_\_\_\_\_ Time Submitted \_\_\_\_\_

Signature of Title IX Coordinator \_\_\_\_\_ Date/Time Received \_\_\_\_\_

**NEXT STEP: STEP 1 Interview Complainant (Victim)**