

## Title IX Investigation Report

District Case No. \_\_\_\_\_

Name of Title IX Investigator Completing Report: \_\_\_\_\_

Date Report Completed: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

<b><u>Interviews</u></b>		
<b>Date</b>	<b>Individual Interviewed</b>	<b>Role (Complainant/Respondent/Witness)</b>

<b><u>Other Evidence Obtained</u></b>		
<b>Date obtained</b>	<b>Description</b>	<b>Source of Evidence</b>

**Summary of Relevant Evidence**

- I certify that all parties involved in the above-referenced Formal Complaint have been given an equal opportunity to inspect and review any evidence obtained as part of the investigation that is directly related to the allegations in the Formal Complaint.
- Such evidence was sent to each party and the party’s advisor, if any, on \_\_\_\_\_ in \_\_\_\_\_ format (electronic or hard copy).
- I certify that all parties were given at least 10 days to submit a written response after the evidence was made provided to them.
- State whether Complainant and/or Respondent submitted a written response and the date each response was received:  
Complainant:     Yes     No    Date Received: \_\_\_\_\_  
Respondent:     Yes     No    Date Received: \_\_\_\_\_
- I certify that I considered any responses timely submitted by the parties prior to completing this investigative report.

Title IX Investigator signature: \_\_\_\_\_ Date: \_\_\_\_\_

This investigative report was sent to the following persons:

- Title IX Coordinator
- Title IX Decision maker
- Complainant  Complainant's Advisor, if any
- Respondent  Respondent's Advisor, if any
- Other: \_\_\_\_\_

Method of delivery (Check all that apply):

- Hard copy    Date: \_\_\_\_\_
- Electronic format    Date: \_\_\_\_\_

***\*The investigative report must be provided to the parties at least 10 days prior to a hearing or other determination of responsibility.***

Are there any documents attached to this report?     Yes     No