-CERTIFIED PERSONNEL -

Title IX Sexual Harassment Reporting Form

COMPLAINANT _____

Last Name *First Name* *Middle Initial*

EMPLOYEE'S SCHOOL/BUILDING _____

INFORMATION CONCERNING SEXUAL HARASSMENT

DATE: _____ **TIME:** _____ ☐ **AM** ☐ **PM LOCATION:**_____

INDIVIDUAL(S) WHO ALLEGEDLY ENGAGED IN TITLE IX SEXUAL HARASSMENT:

_____

DESCRIPTION OF ALLEGATION:_____

_____

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_____. This form may be supplemented with additional paper if needed.

NAME OF PERSON FILLING OUT THIS FORM (PLEASE PRINT):_____

SIGNATURE: _____ **DATE:** _____

PHONE: _____ **EMAIL:** _____

Reviewed/Revised: 6/27/2024