



Title IX Pre-Investigation Checklist (Internal Checklist)

Confidentiality

Confidentiality of all parties, witnesses, the allegations, and the filing of a report shall be handled in accordance with applicable law, regulations, Board policy, procedures, and the district's legal and investigative obligations. The school will take all reasonable steps to investigate and respond to the report, consistent with a request for confidentiality as long as doing so does not preclude the school from responding effectively to the report. 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.

Note: For purposes of Title IX sex-based harassment, this Pre-Investigation Checklist serves initially as an informal report, not a formal complaint of sex-based harassment under Title IX

1. Name of individual reporting, if a student please provide student ID#:

Name/ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School/Bldg: \_\_\_\_\_

Person making report is:

Student     Parent/Guardian     Employee     Volunteer     Visitor     504

Student with IEP     ELL - Native Language: \_\_\_\_\_

Other (Please explain relationship to the district): \_\_\_\_\_

Is the person reporting the incident also the Complainant?     Yes     No

If no, please provide Complainant's name: \_\_\_\_\_

2. Provide information about the Complainant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Student     Employee

If Student - Student ID#: \_\_\_\_\_

Did the Complainant file a formal complain?  Yes  No

**3. Provide information about the Respondent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Student       Employee

If Student - Student ID#: \_\_\_\_\_

Repeat Offender?

**4. In your own words, please do your best to describe the conduct you are reporting as clearly as possible. Please attach additional pages if necessary.**

- When did the reported incident occur? (Please provide the specific date(s) and time(s) if possible):

- Where did the reported conduct take place?

- Please provide the name(s) of any person(s) who was/were present, even if for only part of the time. Include ID # if student.

- Please provide the name(s) of any other person(s) that may have knowledge or related information surrounding the reported conduct. Include ID # if student.

- Have you reported this conduct to any other individual prior to giving this report?

Yes     No

- If yes, who did you tell about it?

**5. What supportive measures have been put in place for the Complainant and Respondent?**

**6. If any portion of the complaint involved child abuse and/or illegal activities, note the following:**

Contact made to Childline on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

Contact made to local police on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

**7. Date and Time complaint was sent to the Title IX Coordinator:**

\_\_\_\_\_

**I affirm that the information reported above is true to the best of my knowledge, information, and belief.**

**Name of Individual Submitting Report:** \_\_\_\_\_

**Title of Individual Submitting Report:** \_\_\_\_\_

**Building:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Person Submitting the Report**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Received By**

\_\_\_\_\_

**Date**

**If not found to be Title IX, proceed with sexual harassment checklist**

Sexual Harassment Checklist

Title IX Notice

**Retaliation Prohibited**

The Allentown School District, its employees, and others 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.