

**DISCRIMINATION/HARASSMENT/BULLYING/
HAZING/RETALIATION
REPORT FORM**

Note: This Report Form provides notice to the District of an allegation or concern and allows the District to provide information, and resources, and discuss safety concerns with the reporting party and/or alleged victim. This Report will prompt the Title IX Coordinator/Compliance Officer to complete an assessment of the alleged conduct and determine appropriate responses under Board policies, including but not limited to Policy 103, 103.1, 104, 247, and/or 249.

The Board declares it to be the policy of the State College Area School District to provide a safe, positive learning and working environment that is free from sex-based discrimination or harassment, other discrimination or retaliation, bullying, and hazing. If you have experienced, or if you have knowledge of, any such actions, we encourage you to complete this form. The Title IX Coordinator/Compliance Officer will support you by answering any questions about the report form, reviewing the report form for completion, and assisting as necessary with the completion of the report. The Title IX Coordinator/Compliance Officer's contact information is:

Michelle Simpson, Human Resources Executive Director
Title IX Coordinator/Compliance Officer
240 Villa Crest Drive
State College, PA 16801
mrs20@scasd.org
814-231-1051

I. Information About the Person Making This Report:

Name: _____

Address: _____

Phone Number: _____

School Building: _____

I am a(n):

Student Parent/Guardian Employee Volunteer Visitor

Other _____ (please explain the relationship to the District education program or activity)

If you are not the victim of the reported conduct, please identify the alleged victim(s):

Name(s):

The alleged victim(s) is/are: Your Child Student(s) District Employee(s)

Other: _____ please explain **your relationship** to the alleged victim(s)

II. Information About the Person(s) You Believe is/are Responsible for the Conduct You Are Reporting:

What is/are the name(s) of the individual(s) you believe is/are responsible for the conduct you are reporting?

Name(s):

The reported individual(s) is/are:

Student(s) District Employee(s)

Other _____ (please explain the reported individual(s) relationship **to the District**)

III. Description of the Conduct You Are Reporting

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 conduct 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.

Please provide the name(s) of any other person(s) who may have knowledge or related information surrounding the reported conduct.

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

Yes No If yes, who did you tell about it?

If you are the victim of the reported conduct, how has this affected you?

Is there anything else you wish the Title IX Coordinator/Compliance Officer to know at this time?

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

Signature of the Person Making the Report

Date

Received By

Date

Thank you for reporting your concerns, the Title IX Coordinator/Compliance Officer will contact the victim and/or reporting party regarding this report to gather additional information, **as necessary**, to assess the applicability of federal and state law, and discuss the availability of supportive measures, as appropriate.

Please retain Page 4 for your information.

Assessment Process (Up to five school days):

The Title IX Coordinator/Compliance Officer will complete an assessment to determine whether the reported conduct:

1. Meets the definition of sex-based discrimination or harassment, other discrimination, or retaliation under federal and state laws.
2. Involves other Board policies and/or the Code of Student Conduct.
3. Indicates, based on an individualized safety and risk analysis, that there is an immediate threat to the physical health or safety of any individual(s).
4. Involves a student identified as a student with a disability under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act.

If the result of the initial assessment determines that the allegations (if proven) **may** constitute violations of any provision of Policy 103, 103.1, or Policy 104, the Title IX Coordinator/Compliance Officer will proceed with the process outlined in Policy 103 Grievance Procedures or Policy 104 Administrative Procedures.

If the result of the initial assessment determines that the allegations (if proven) **would not** constitute violations of any provision of Policy 103, 103.1, or 104, the Title IX Coordinator/Compliance Officer will redirect the allegations to a District administrator, building principal, or other staff member for action under other Board policies as appropriate.

Retaliation Prohibited

The District, its employees, and others, including your peers, are prohibited from intimidating, threatening, coercing, or discriminating against you for filing this report. Please contact the Title IX Coordinator/Compliance Officer immediately if you believe retaliation has occurred.

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(ies), 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/Compliance Officer before filing the report.