ANTIOCH COMMUNITY CONSOLIDATED SCHOOL DISTRICT 34
INSPIRE TO DREAM - EMPOWER TO ACHIEVE

Hodges Loizzi Eisenhammer Rodick & Kohn LLP

TITLE IX SEXUAL HARASSMENT REPORTING FORM

Any person may report sex discrimination, including sexual harassment, whether or not the person reporting is the person alleged to be the victim of the conduct that could constitute sex discrimination or sex harassment. The report may be made in writing or verbally, and a report may be anonymous. This form is available for submitting a written report, but is not required. The report may be made at any time in person, by mail, by phone, or by electronic mail to the District's Title IX Coordinator at Amy Mahr, Director of Human Resources, 964 Spafford Street, 847.838.8457, amahr@antioch34.com, or to any District employee.

Date: _____

Name: _____
Anonymous reports are accepted.

☐ **Student** ☐ **Parent/Guardian** ☐ **Employee** ☐ **Other (please specify):** _____

_____

If a student, specify school and grade: _____

If a parent/guardian or other, provide contact information: _____

_____

Is the person making this report also the victim of the alleged conduct? ☐ Yes ☐ No

Person(s) reported as victim(s) of the alleged conduct:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Person(s) being reported as the alleged harasser(s):

Name: _____ ☐ Student ☐ Staff ☐ Other _____

Name: _____ ☐ Student ☐ Staff ☐ Other _____

Person(s) who witnessed or have knowledge of the alleged conduct:

Name: _____ ☐ Student ☐ Staff ☐ Other _____

Name: _____ ☐ Student ☐ Staff ☐ Other _____

Name: _____ ☐ Student ☐ Staff ☐ Other _____

Copyright August 2020
HODGES, LOIZZI, EISENHAMMER, RODICK & KOHN LLP
All Rights Reserved

Approximate date(s) and time(s) of the alleged conduct: _____

_____

_____

_____

_____

Location(s) of the alleged conduct: _____

_____

_____

_____

_____

Description of the alleged conduct, including any related evidence (may use reverse side and/or additional pages if needed): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

By completing and signing this form, I attest that the information provided is true and accurate to the best of my knowledge.

Signature: _____ **Date**: _____

652461_1

Copyright August 2020
HODGES, LOIZZI, EISENHAMMER, RODICK & KOHN LLP
All Rights Reserved