

Title IX Sexual Harassment Reporting Form

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|-----------------------------------|------------------|-------------------|---------------------------------|
| COMPLAINANT _____ | | | |
| | <i>Last Name</i> | <i>First Name</i> | <i>Middle Initial</i> |
| STUDENT'S SCHOOL | _____ | GRADE | _____ HOMEROOM/CLASSROOM |
| _____ | | | |
| EMPLOYEE'S WORK SITE _____ | | | |

INFORMATION CONCERNING SEXUAL HARASSMENT

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

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

DESCRIPTION OF ALLEGATION: _____

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

SIGNATURE: _____

DATE: _____

Review/Revised:8/20/2020