ELIZABETHTOWN AREA SCHOOL DISTRICT

Title IX Reporting Form

Please return this completed form to the Title IX Coordinator:

Dr. Jennifer Fields
jennifer_fields@etownschools.org
717-367-1521

Reporting Party Information

You may report as a complainant, witness, parent/guardian, or staff member.

Name of Reporting Party: _____

Date of the Report: _____

Nature of Concern (Check all that apply)

Please indicate the type(s) of conduct being reported. This form is intended for concerns involving sex-based conduct, including sexual harassment under Title IX.

[ ] Unwelcome sexual comments, jokes, or gestures

[ ] Unwelcome sexual advances or requests for sexual favors

[ ] Inappropriate touching or physical contact of a sexual nature

[ ] Sexual assault (e.g., forced sexual activity)

[ ] Dating violence or domestic violence

[ ] Stalking (including repeated unwanted contact or monitoring)

[ ] Harassment based on sex, gender identity, or sexual orientation

[ ] Conduct related to pregnancy or parenting status

[ ] Sharing or displaying sexual images without consent

[ ] Online or electronic sexual harassment

[ ] Other sex-based conduct: _____

Individuals Involved

Person alleged to have engaged in the conduct (Respondent):

Name: _____

Grade (if student): _____

Relationship to District: ☐ Student ☐ Employee ☐ Third Party

If student (for internal coordination): ☐ Has IEP ☐ Has Section 504 Plan ☐ Unknown

Person impacted by the conduct (Complainant):

Name: _____

Grade (if student): _____

Relationship to District: ☐ Student ☐ Employee ☐ Third Party

If student (for internal coordination): ☐ Has IEP ☐ Has Section 504 Plan ☐ Unknown

Incident Information

Date(s) of Incident(s): _____

Location(s): _____

Witnesses or others with relevant information: _____

_____

_____

Description of the Incident

Please describe what occurred. Include as much detail as possible (who, what, when, where). Additional pages may be attached.

_____

_____

_____

_____

_____

_____

Use of Technology

Was technology or a digital platform involved? [ ] Yes [ ] No

If yes, please describe: _____

_____

Supportive Measures

Supportive measures may be available regardless of whether a formal Title IX complaint is filed. These are designed to help ensure access to the District's educational programs and may include steps to support safety and well-being.

To request supportive measures, please contact the Title IX Coordinator.

Confidentiality

The District will handle reports as confidentially as possible in accordance with applicable law and policy. Information may be shared on a need-to-know basis to investigate and respond to the report.

Retaliation Prohibited

Retaliation against any individual for reporting or participating in a Title IX process is prohibited and should be reported immediately.

Important Notice

Submitting this form does not automatically initiate a formal Title IX complaint. The District will review the information and determine appropriate next steps, including whether the reported conduct may fall under Title IX.

Verification

By completing and signing this form, I understand that the District will make reasonable efforts to contact me to follow up on this report and to discuss supportive measures and next steps.

I affirm that this report is accurate to the best of my knowledge at the time of submission.

Signature: _____

Date: _____