

Sexual Harassment Reporting/Intake Form for Students

This form is not required. Complaints may be submitted in any manner noted in Policy 3225. The form may be used by the Title IX Coordinator to document allegations.

School

Date

Student's name

Who was responsible for the harassment or incident(s)?

Describe the incident(s)

Date(s), time(s), and place(s) the incident(s) occurred.

Were other individuals involved in the incidents(s)?

Yes

No

If so, name the individual(s) and explain their roles

Did anyone witness the incident(s)?

Yes

No

If so, name the witnesses.

Did you take any action in response to the incident? If

Yes

No

yes, what action did you take?

Were there any prior incidents?

Yes

No

If so, describe any prior incidents.

Signature of complainant

Signatures of parents/legal guardians

Retaliation is prohibited by federal law and district policy. The identity of the individual signing this form will remain confidential in accordance with law and policy.