

**Title IX Sexual Harassment Reporting Form**

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:10/13/2020