



**Reporting Form for
Discrimination on the Basis of Sex in School/Classroom Practices**

I. Information about the person making this report

Full Name: _____ Date of Report: _____

Street Address: _____ City, State & Zip: _____

Phone Number: _____ School Building: _____

Affiliation: Student Parent/Guardian Employee Volunteer Visitor Other: _____

If you are not the victim of the reported sexual harassment, please identify the alleged victim.

Name: _____

The alleged victim is: Your child Another student Employee Other: _____

II. Information about the person(s) you believe is/are responsible for the sexual harassment you are reporting

Name: _____ Student Employee Other: _____

Name: _____ Student Employee Other: _____

Name: _____ Student Employee Other: _____

III. Information about the sexual harassment you are reporting

Approximate Date & Time of Incident: _____

Location Where Incident Occurred: _____

Type of Conduct: Unwelcome sexual advances Requests for sexual favors Verbal conduct
 Written conduct Physical contact Sexual Assault Other: _____

Please provide the name(s) of anyone who was present, even if only for part of the time, or has knowledge or information related to the reported conduct:

What happened? Provide details:

Have you reported this sexual harassment to any other individual prior to giving this report?

Yes No If yes, who did you tell? _____

I certify that this information is true and correct to the best of my understanding.

Signature of Person Reporting Date

Signature of Title IX Coordinator Date