

**_____ Public Schools
Title IX Form**

Today's Date: _____

Information Regarding the Complainant

Name of the Complainant: _____

Complainant's Phone Number: _____

The Complainant is (please check one): faculty student parent not affiliated with the school

Information Regarding the Reporter

Name of the reporter: _____

The reporter is (please check one): faculty student parent not affiliated with the school

Title IX Coordinator's Initial Conversation with the Complainant

Date of Conversation: _____

Title IX Coordinator discussed supportive measure(s): Yes No

Complainant desires supportive measure(s): Yes No If yes, what is provided and if no, why not:

Title IX Coordinator discussed formal complaint process: Yes No

Complainant is interested in informal resolution (please check one and only discuss if formal complaint is filed) Yes No

Information Regarding the Respondent

Name of the Respondent: _____

Respondent's phone number (if known): _____

The respondent is (please check one): (please check one): faculty student parent not affiliated with the school

Information Regarding the Alleged Misconduct (sexual harassment, sexual violence, domestic violence, dating violence, sexual assault or stalking)

Time and date of the alleged misconduct: _____

Location of the alleged Misconduct: _____

Witnesses or third parties who may have information regarding the alleged Misconduct, along with phone number, if known:

Please provide a brief description of the alleged Sexual Misconduct (please feel free to use a separate paper to continue your description, if desired):

Please provide the relief that you are seeking: _____

I would like the school to investigate the above complaint. Yes No

I am interested in informal resolution. Yes No

Signature

Date

The Title IX Coordinator is filing the complaint for the following reasons: _____

Signature

Date

Title IX Coordinator's Initial Conversation with the Respondent (if applicable)

Date of Conversation: _____

Title IX Coordinator discussed supportive measure(s): Yes No

Respondent desires supportive measure(s): Yes No If yes, what is provided and if no, why not:

Respondent is interested in informal resolution: Yes No If yes, obtain written consent from the respondent for informal resolution

Informal Resolution (if applicable)

Date of Informal Resolution: _____

Result of Informal Resolution: _____

To be completed by Title IX Coordinator

Designated Investigator: _____

Designated Decision Maker: _____

Title IX Coordinator Name

Title IX Coordinator Signature