

**Title IX Sexual Harassment Reporting Form**

COMPLAINANT \_\_\_\_\_

*Last Name*

*First Name*

*Middle Initial*

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:** \_\_\_\_\_