

Caldwell Parish School District

REPORT OF TITLE IX SEXUAL HARASSMENT VIOLATION

Report No. _____

Name of Reporting Person

(check one) student parent/guardian employee other/

Basis for Report (check one)

Information from student/name:

Information from non-student/name: _____

Personal knowledge: _____

Name(s) of Alleged Victim(s): _____

Name(s) of Alleged Harasser(s): _____

Name(s) of Alleged Witness(es): _____

Description of Alleged Sexual Harassment/Retaliation (Must include specific act(s), circumstances, date, time, and other details known which give cause to believe that sexual harassment and/or retaliation has occurred. Separate written statement may be attached.)

Additional Information (Should include all other information known which may assist in investigation of report, such as how and when reporting party/source learned of reported facts, above, names of other persons who may have related information, etc. Separate statement may be attached.)

Signature of Reporting Person: _____

Printed Name of Reporting Person _____

Phone No. _____

Date Submitted _____ Time Submitted _____ Email _____

Signature of Title IX Coordinator _____ Date/Time Received _____

NEXT STEP: STEP 1 Interview Complainant (Victim)