

Sexual Harassment Under Title IX

Report of Sexual Harassment

IF IT HAPPENED TO YOU (OR YOUR CHILD): Any person who believes they have been a victim of sexual harassment can bypass this form and contact the Title IX Coordinator directly for assistance in initiating the reporting process. However, the person may use this form or report using any other available method of getting in touch with the Title IX Coordinator.

IF YOU ARE REPORTING IT HAPPENING TO SOMEONE ELSE: It is understood that the basis of an initial report may be either direct or indirect knowledge or reasonable suspicion drawn from the circumstances and warranting further inquiry. District employees are required, and all other persons are strongly encouraged, to assist the District's Title IX Coordinator by promptly supplying as much of the following information as possible, using this form, when making a report of sexual harassment. If you are not a district employee, you may instead directly contact the Title IX Coordinator via any of the contact methods provided, but the Title IX Coordinator will want the same information as is requested on this form.

Retaliation Prohibited

The district, its employees and other people are prohibited from intimidating, threatening, coercing, or discriminating against you for filing this report. Please contact the Title IX Coordinator immediately if you believe retaliation has occurred.

Confidentiality

The district will keep this report confidential as allowed by law. However, it may be necessary to disclose information contained in this report in order to investigate the conduct alleged and to administer appropriate consequences. If you have any questions regarding how the information contained in this report may be used, please discuss them with the Title IX Coordinator prior to filing the report. Once this report is filed, the district has an obligation to investigate the information provided.

Note: This is not a Formal Complaint of Sexual Harassment under Title IX. The Title IX Coordinator will investigate the information provided in this form but is not obligated to begin the formal investigative and decision-making process required under federal law and Policy ACA unless a Formal Complaint is filed.

REPORT:

To: Title IX Coordinator

Date of Report:

Person Making Report

Name

Address:

Phone(s):

Email:

Relationship with District (circle at least one): Student Employee Volunteer Visitor Other (Explain)

Relationship with the victim

Alleged Victim (if you are not also the Person Making Report)

Name

Address:

Phone(s):

Email:

Relationship with District (circle at least one): Student Employee Volunteer Visitor Other (Explain)

Relationship with the alleged perpetrator:

Alleged Perpetrator(s)

Name

Address:

Phone(s):

Email:

Relationship with District (circle at least one): Student Employee Volunteer Visitor Other (Explain)

Relationship with the victim:

If more than one person participated in the alleged sexual harassment, please provide their names and contact information below.

Conduct

Please describe the conduct and/or circumstances prompting this report. If the following space is not sufficient, please attach an additional page with all of the information.

Information Regarding Respondent

Please provide as much information as you can about the person(s) involved.

Witnesses

If other persons observed some or all of the conduct that constitutes sexual harassment or can otherwise provide information useful for an investigation, please provide their names, descriptions, and/or contact information.

Any Other Persons with Information

Please provide the names, descriptions, and/or contact information of any person not listed above but likely to have information regarding or verifying these claims, including other persons you have discussed this Report with.

Other Reports

Has this conduct been reported to the police, the Children's Division of the Missouri Department of Social Services or to any other agency? If so, please provide the name of any police agency contacted and provide to the Title IX Coordinator a copy of the report or complaint filed, if any.

Other Evidence

If you have pictures, texts, e-mails, video or other types of evidence that support your allegations, please provide copies of them with this Report or describe them below and provide them to the Title IX Coordinator.

Safety

Do you have concerns regarding the safety of the alleged victim, perpetrator or any other person? If so, please explain.

Acknowledgement of Reporter

I have read this Report form thoroughly and have answered all questions in good faith. I understand that I may contact the Title IX Coordinator if I have any questions about the reporting process or Policy ACA in general.

Signed: _____

Reporter [print name]: _____

District Receipt of Report

This Report for was received by the Title IX Coordinator on _____(date).

Signed: _____

Title IX Coordinator [print name]: _____