



## **Title IX Discrimination Intake Form**

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on the sex of students in educational institutions that receive federal financial assistance. This form is to be completed by an individual reporting sexual harassment or an individual in the Title IX Coordinator's office when a student, parent, or district employee reports possible sexual harassment to the Title IX Coordinator's office.

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### **REPORTER INFORMATION:**

Case Number: \_\_\_\_\_

Reporter Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student ID: \_\_\_\_\_

Campus: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employee's School/Office Location: \_\_\_\_\_

### **Type of Prohibited Conduct:**

Discrimination based on: (Check all that apply)

Sexual Harassment  Sexual Assault  Gender Based Harassment  Dating Violence

Stalking  Retaliation  Cyber Bullying  Other

### **Date Incident Occurred:**

Earliest \_\_\_\_\_

Latest \_\_\_\_\_

Continuing Action

### **ALLEGED VICTIM'S INFORMATION:**

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_ Job Title \_\_\_\_\_

Email: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Student ID: \_\_\_\_\_ Campus: \_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_









**Were there any witnesses to this matter? (Please circle) Yes No**

If yes, please list those who witnessed the incident(s) or have knowledge of the incident. Please attach additional names if needed.

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Did the reporter discuss the incident with any witnesses previously identified?**

**(Please circle) Yes No**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Method or Communication: \_\_\_\_\_

**Please identify any administrators, district employees, or law enforcement agency to whom a report has been made:**

Reported to (Name): \_\_\_\_\_ Date: \_\_\_\_\_

Describe how concerns were reported:

Results:

Reported to (Name): \_\_\_\_\_ Date: \_\_\_\_\_

Describe how concerns were reported:

Results:

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Report taken by:

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Title IX Coordinator/designee

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Date