

## Title IX Allegation Reporting Form

*Complete this form to report conduct that may have been in violation of Title IX (i.e., an incident of alleged sexual harassment or other form of discrimination based on sex). Please type or write in legible print. Upon completion, submit this form to your School-based or District Title IX Coordinator.*

Today's Date: \_\_\_\_\_ Date(s) of Incident(s): \_\_\_\_\_

Location where incident(s) occurred: \_\_\_\_\_

### REPORTING PARTY'S INFORMATION

Check the box if you are a third-party (i.e., **not** a victim or witness).

Check the status that best describes **you**:  Student  Parent/Guardian  Employee  Other

**Please provide your name and contact information.**

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

Address: \_\_\_\_\_

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

**Please provide your DCPS school (or DCPS work site) information, if applicable.**

School/Work Site: \_\_\_\_\_ Grade: \_\_\_\_\_

Position: \_\_\_\_\_ Principal/Supervisor: \_\_\_\_\_

**To the best of your knowledge, please provide names of the parties involved in the alleged incident.**

Name of **complainant**/victim: \_\_\_\_\_

Complainant's status:  Student  Employee  Other

Name of **respondent**/perpetrator: \_\_\_\_\_

Respondent's status:  Student  Employee  Other

Name of witness(es): \_\_\_\_\_



**Duval County Public Schools**

Every Student. Every Day.

Office of Equity and Inclusion/Professional Standards

1701 Prudential Drive

Jacksonville, Florida 32207

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Fax: (904) 390-2468

GrantT1@duvalschools.org

**PLEASE DESCRIBE THE ALLEGED CONDUCT. PROVIDE AS MUCH DETAILED INFORMATION AS POSSIBLE. IF NECESSARY, PLEASE ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTATION WHICH YOU BELIEVE IS RELEVANT TO THE ALLEGATIONS.**

***I certify the information provided on this form is true and correct to the best of my knowledge. I understand it is a violation of School Board Policy, Professional Standards, and/or the Code of Student Conduct to provide false statements.***

Reporting Party's Name: \_\_\_\_\_

Reporting Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(Or parent/guardian's signature if reporting party is a student)***

Title IX Coordinator's Name: \_\_\_\_\_

Title IX Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_