

Title IX Allegation Reporting Form

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

Today's Date: _____

Date of Incident: _____

REPORTING PARTY'S INFORMATION

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

Name: _____

Address: _____

Email: _____

Phone: _____

Check one:

Student School: _____

Employee Grade: _____

Other - describe School/Department: _____

Position: _____

Supervisor/Principal: _____

Name(s) of perpetrator(s): _____

Name(s) of victim(s): _____

Name(s) of witness(es): _____

Location where incident occurred: _____



Duval County Public Schools

Every Student. Every Day.

Office of Equity and Inclusion/Professional Standards

1701 Prudential Drive

Jacksonville, Florida 32207

(904) 390-2181 or 390-2054

Fax: (904) 390-2468

grantt1@duvalschools.org

BELOW PLEASE DESCRIBE IN DETAIL THE ALLEGATIONS OF HARASSMENT OR DISCRIMINATION, WHO WAS INVOLVED AND WITNESSED THE INCIDENT, AND THE SUBSEQUENT EVENTS THAT LEAD TO THE REPORTING OF THE INCIDENT. PROVIDE AS MUCH INFORMATION AS POSSIBLE (IN PARAGRAPH FORMAT).

IF NECESSARY, PLEASE ATTACH ADDITIONAL SHEETS OR ANY AVAILABLE DOCUMENTATION THAT YOU FEEL IS RELEVANT TO THE ALLEGATIONS.

I certify that 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 and the Code of Student Conduct to provide false statements.

Signature: _____ Date: _____

(If minor, signature of parent/guardian)

Print Name: _____

If parent/guardian, print name of student: _____

Signature of School-based/District Title IX Coordinator: _____ Date: _____