

**Notice Form 3225-NF(2): Sexual Harassment of Students**

**Status:** ADOPTED

**Original Adopted Date:** 02/21/2023 | **Last Reviewed Date:** 02/21/2023

**Sexual Harassment Reporting/Intake Form for Students**

This form is not required. Complaints may be submitted in any manner noted in Policy 3225. The form may be used by the

Title IX Coordinator to document allegations.

School \_\_\_\_\_ Date \_\_\_\_\_

Student's name \_\_\_\_\_

- Who was responsible for the harassment or incident(s)? \_\_\_\_\_  
\_\_\_\_\_
- Describe the incident(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Date(s), time(s), and place(s) the incident(s) occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Were other individuals involved in the incident(s)? \_\_\_ yes \_\_\_ no  
If so, name the individual(s) and explain their roles. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Did anyone witness the incident(s)? \_\_\_ yes \_\_\_ no  
If so, name the witnesses. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Did you take any action in response to the incident? \_\_\_ yes \_\_\_ no  
If yes, what action did you take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Were there any prior incidents? \_\_\_ yes \_\_\_ no  
If so, describe any prior incidents. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of complainant \_\_\_\_\_

Signatures of parents/legal guardians \_\_\_\_\_

*Retaliation is prohibited by federal law and district policy. The identity of the individual signing this form will remain confidential in accordance with law and policy.*

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