



Student Support Services
Title IX Investigation Report of Sexual Misconduct

School: _____ ☐ On Campus ☐ Off Campus

Location of Alleged Incident(s): _____

Date(s) of Alleged Incident(s): _____ Time(s) of Alleged Incident(s): _____

---Complainant's Name: _____

Age: _____ Grade: _____ ☐ Male ☐ Female

Are there any known disabilities? ☐ Yes ☐ No ☐ Not Applicable

-Respondent's Name: _____

Age: _____ Grade: _____ ☐ Male ☐ Female

Are there any known disabilities? ☐ Yes ☐ No ☐ Not Applicable

-How was the report made? _____

Date report was made: _____

Name of reporter: _____

Relationship to involved students: _____

Name/Title of who the incident was first reported to: _____

Was the complainant informed of the right to file a formal complaint? ☐ Yes ☐ No

Was there a formal complaint documented? ☐ Yes ☐ No

Was the counselor involved? ☐ Yes ☐ No

Please describe the incident(s): _____

Statement of Complainant: *(attach if written or attach formal complaint)*

Statement of Respondent: *(attach if written)*

Statement of Witnesses: *(attach if written)*

OUTCOMES

Parent Contact Made

Complainant's Parent/Guardian: ☐ Yes ☐ No

Date: _____ Time: _____ Method: _____

Name/relationship of person contacted: _____

Respondent's Parent/Guardian: ☐ Yes ☐ No

Date: _____ Time: _____ Method: _____

Name/relationship of person contacted: _____

Others Notified

DCF Report Made ☐ Yes ☐ No Report accepted ☐ Yes ☐ No

Law Enforcement Report Made

SRO/SRD ☐ Yes ☐ No Other Law Enforcement? ☐ Yes ☐ No

Considerations of Student Safety

Schedule ☐ Yes ☐ No Changes Made ☐ Yes ☐ No

Transportation ☐ Yes ☐ No Changes Made ☐ Yes ☐ No

Other campus considerations (lunch, hallways, extra-curriculars) ☐ Yes ☐ No

Supportive Measures Provided

Was counseling offered/provided to Complainant ☐ Yes ☐ No

Respondent ☐ Yes ☐ No

Were other agency contacts provided ☐ Yes ☐ No

(If yes please name agencies)_____

Was a formal investigation completed? ☐ Yes ☐ No

(If yes please complete page 4)

Signatures/Title of ALL School Staff Involved: *(Name/role in investigation)*

Administrator Signature

Signature

Printed Name

Counselor Signature

Signature

Printed Name

Formal Investigation Completed: ☐ Yes ☐ No

Date:_____

Name/Title of Investigator(s):_____

Summary and description of the evidence:

Copy of investigative report draft provided to both parties on:

Date:_____

10 day review: Date:_____

Feedback given? Describe below.

Changes made to report? ☐ Yes ☐ No

Final copy of investigative report provided to both parties on: Date: _____

10 day review – copy provided to decision maker: Date: _____

Name/Title of Decision Maker: _____

Responsibility Decision: _____

Disciplinary Outcomes: _____

Informal Resolution: _____

Date Responsibility Decision/Outcomes shared with both parties: _____

Name of person receiving report on behalf of complainant: _____

Name of person receiving report on behalf of respondent: _____

APPEAL PROCESS:

This decision may be appealed if there is evidence of procedural irregularity, newly discovered evidence or an investigator had a conflict of interest

To Appeal please contact the district appellate officer:

Dr. Cathy Atria, Deputy Superintendent
620 E. University Ave
Gainesville, FL 32601