



**Student Support Services
Title IX 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