



## **Title IX Sexual Harassment Regulations: Model Forms**

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## Title IX Personnel Log

<b><u>Title IX Coordinator(s)</u></b>			
<b>Name</b>	<b>Title</b>	<b>Contact Information</b>	<b>Trainings Received (insert dates, course title/topic, provider)</b>

<b><u>Investigators</u></b>			
<b>Name</b>	<b>Title, Campus</b>	<b>Contact Information</b>	<b>Trainings Received (insert dates, course title/topic, provider)</b>

<b><u>Decision Makers</u></b>			
<b>Name</b>	<b>Title, Campus</b>	<b>Contact Information</b>	<b>Trainings Received (insert dates, course title/topic, provider)</b>

<b><u>Appellate Decision Makers</u></b>			
<b>Name</b>	<b>Title, Campus</b>	<b>Contact Information</b>	<b>Trainings Received (insert dates, course title/topic, provider)</b>


<b><u>Informal-Resolution Facilitators</u></b>			
<b>Name</b>	<b>Title, Campus</b>	<b>Contact Information</b>	<b>Trainings Received (insert dates, course title/topic, provider)</b>

## Title IX Summary Report of Response to Alleged Sexual Harassment

*\*\*To be completed by the Title IX Coordinator.  
Use as a cover letter to the Grievance-Process Log.\*\**

District Case No.: \_\_\_\_\_

Complainant: \_\_\_\_\_

Respondent: \_\_\_\_\_

Under the Title IX Regulations applicable to sexual harassment, a recipient of federal funds must document the basis for its conclusion that its response was “not deliberately indifferent” and document that it has taken measures designed to restore or preserve equal access to the recipient’s education program or activity. 34 C.F.R. § 106.45(b)(10)(ii).

On \_\_\_\_\_, the District received a report of alleged sexual harassment concerning the above-referenced Complainant(s) and Respondent(s). The District subsequently followed all applicable policies and procedures to respond to the allegations. The District has taken measures designed to restore or preserve equal access to the District’s education program or activity and responded to the allegations in a manner that was “not deliberately indifferent” by taking the actions described in the attached Title IX Grievance-Process Log.

Signature of Title IX Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

## Title IX Grievance-Process Log

**\*\*To be completed by Title IX Coordinator as each step occurs.\*\***

*Note: Numbers below correspond to the Leasor Crass Title IX Process Flowchart.*

District Case No. \_\_\_\_\_

<b>1. <u>Report of Sexual Harassment</u></b>		Date of Report: _____
<b>COMPLAINANT</b>	<input type="checkbox"/> Student	<input type="checkbox"/> Employee
<i>Name</i>		
<i>DOB</i>		
<i>Grade/Position</i>		
<i>Campus/Dept</i>		
<i>Parent/Guardian</i>		
<i>Phone</i>		
<i>Email</i>		
<i>Address</i>		
<i>Advisor, if any</i>		
<i>SPED/504?</i>		
<b>RESPONDENT</b>	<input type="checkbox"/> Student	<input type="checkbox"/> Employee
<i>Name</i>		
<i>DOB</i>		
<i>Grade/Position</i>		
<i>Campus/Dept</i>		
<i>Parent/Guardian</i>		
<i>Phone</i>		
<i>Email</i>		
<i>Address</i>		
<i>Advisor, if any</i>		
<i>SPED/504?</i>		
<b>Incident Date(s)</b>		
<b>Incident Location(s)</b>		
<b>Who made report?</b>		
<b>Report made to?</b>		

<b>2. <u>Title IX Coordinator: Discussion with Complainant</u></b>		Date: _____
<b>Identities of All Present at Meeting</b> (name/relationship to complainant)		

<b>Discussion Checklist</b>	<input type="checkbox"/> Allegations	<input type="checkbox"/> Supportive Measures (see step 3 below)	<input type="checkbox"/> Formal Complaint Process
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<b>3. Supportive Measures</b>	<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined
<b>Describe supportive measure(s) accepted</b>		
<b>Date implemented</b>		

<b>4. Formal Complaint</b>		<b>Date Filed:</b> _____
<b>Filed/Signed by</b> (check one)	<input type="checkbox"/> Complainant	<input type="checkbox"/> Title IX Coordinator

<b>5a. Written Notice to All Parties</b> *confirm & document receipt of notice by all parties*			
Notice must be sent to all known parties and must include:			
<ul style="list-style-type: none"> <li>• District Title IX Grievance Process</li> <li>• Informal Resolution Process, if any</li> <li>• Allegations (including known identities, conduct, date, location)</li> <li>• Statement that Respondent is presumed not responsible</li> <li>• Statement that determination of responsibility is made at end of grievance process</li> <li>• Right to have advisor of party's choice</li> <li>• Prohibits against false statements/information</li> </ul>			
	<b>Date Sent</b>	<b>Sent by</b>	<b>Receipt Confirmed</b>
Notice to Complainant			
Notice to Respondent			

<b>5b. Emergency Removal or Administrative Leave</b>	
<b>Date of Action</b>	
<b>Decided by</b>	
<b>Describe Action</b>	
<b>Emergency removal checklist</b>	
<input type="checkbox"/> Threat assessment <input type="checkbox"/> Determination <input type="checkbox"/> Notice of decision & right to appeal	

<b>6. Investigation</b>
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*Investigator should complete separate investigation log.*	
<b>Investigator assigned</b>	
<b>Position</b>	
<b>Date assigned</b>	
<b>Date Investigative Report Completed</b>	
<b>Date Report Sent to Parties</b>	

<b>7. <u>Informal Resolution</u></b>	
*Facilitator should complete separate informal-resolution log.*	
<b>Required Notice sent</b>	
<b>Facilitator assigned</b>	
<b>Date assigned</b>	
<b>Agreement date</b>	
<b>Withdrawal date</b>	

<b>8. <u>Dismissal</u></b>	
<b>Reason for Dismissal</b>	
<b>Date of Dismissal</b>	
<b>Required Notice sent</b>	

<b>9, 10, &amp; 11. <u>Hearing, Determination of Responsibility, Discipline/Remedies</u></b>	
*Decision maker should complete separate hearing/decision log.*	
<b>Decision maker assigned</b>	
<b>Position</b>	
<b>Date assigned</b>	
<b>Determination of Responsibility</b>	
<i>Date</i>	
<i>Result</i>	

<b>12. <u>Appeal</u></b>	
<b>Date of Appeal</b>	
<b>Required Notice Sent</b>	
<b>Appellate Decision Maker assigned</b>	
<b>Position</b>	
<b>Date assigned</b>	
<b>Decision on Appeal</b>	

<i>Date</i>	
<i>Result</i>	

<b>13. <u>Concluding Actions by Title IX Coordinator:</u></b>	
<b>Compile and secure all records related to complaint</b>	Date:
<b>Complete Records Checklist</b>	Date:
<b>Complete Response Summary</b>	Date:

Signature of Title IX Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_



## Title IX Sexual Harassment Records Checklist

*\*\*To be completed by Title IX Coordinator and kept with file for each formal complaint. Records must be maintained for seven (7) years or for time period required by District Policy, whichever is longer.\*\**

District Case No. \_\_\_\_\_

- Grievance-Process Log
- Records Checklist (*this document*)
- Documentation Concerning Supportive Measures
- Formal Complaint
- Required Written Notice to All Parties Upon Filing of Formal Complaint
- Documentation Concerning Emergency Removal or Administrative Leave (if applicable)
- Investigation file
  - Notices and other correspondence exchanged with parties
  - Copies of all evidence obtained
  - Notes or transcripts from interviews
  - Any written statements provided by parties concerning allegations or investigative report
  - Investigative report
- Documentation Concerning Informal Resolution Process (if applicable)
  - Notices and other correspondence exchanged with parties
  - Parties' written consent to participate in informal resolution process
  - Written statement from Facilitator regarding steps taken in furtherance of informal resolution, including starting and end dates for informal process
  - Final agreement signed by parties to resolve complaint
- Decision file from decision maker
  - Notices and other correspondence exchanged with parties

- Documentation related to any evidence or witnesses presented by parties
- Written questions submitted by parties and answers submitted by parties/witnesses
- Any written statements by decision maker declining to submit proposed question to other party due to lack of relevance to allegations
- Determination of Responsibility
- ☐ Appeal file (if applicable)
  - Party's Notice of Appeal
  - All other notices and other correspondence exchanged with parties
  - Written statements submitted by each party challenging or supporting Determination of Responsibility
  - Decision on Appeal
- ☐ Documentation from Title IX Coordinator concerning implementation of disciplinary sanctions and remedies set forth in Determination of Responsibility
- ☐ Dismissal documentation (if applicable)
- ☐ Title IX Summary Report of Response to Sexual Harassment (to be completed at conclusion of grievance process and used as cover letter attached to completed Grievance-Process Log)

Signature of Title IX Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

## Title IX Supportive Measures

*\*\*To be completed by the Title IX Coordinator and signed by Complainant.\*\**

District Case No.: \_\_\_\_\_

On \_\_\_\_\_, the District received a report of alleged sexual harassment concerning the above-referenced Complainant(s). The following individuals met on \_\_\_\_\_ to discuss the allegations and the availability of supportive measures:

Title IX Coordinator	
Complainant	
Complainant Parent/Guardian	
Complainant Advisor (if any)	

In accordance with Title IX and District policy, supportive measures are available to a complainant or respondent as a means to help restore or preserve equal access to the District's education program or activity. Supportive measures are non-disciplinary, non-punitive, individualized services offered as appropriate and without charge to a complainant or respondent before or after the filing of a formal complaint. Supportive measures are available regardless of whether a formal complaint is filed.

During our meeting, we discussed the following options for supportive measures:

Supportive Measure	Accepted by Complainant	Declined by Complainant

Complainant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title IX Coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title IX Formal Complaint of Sexual Harassment**

Complainant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Alleged Perpetrator's Name: \_\_\_\_\_

Date(s) of Alleged Incident(s): \_\_\_\_\_

Location(s) of Alleged Incident(s): \_\_\_\_\_

**I, the Complainant, request that the District investigate the following allegations of sexual harassment** (may attach separate written statement or additional sheets as necessary):

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Complainant's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

<i>*District use only*</i>	
Date Formal Complaint received: _____	Received by: _____
Assign District Case No: _____	

**Title IX Required Notice of Formal Complaint of Sexual Harassment**

*\*\*Send to all known parties including parents/guardians\*\**

District Case No.: \_\_\_\_\_

Date: \_\_\_\_\_

Complainant: \_\_\_\_\_

Respondent: \_\_\_\_\_

A formal complaint of alleged sexual harassment has been filed involving conduct that may violate Title IX and/or District Policy and Codes of Conduct. The allegations are as follows *(include sufficient details known at the time of complaint, including identity of parties, date and location of alleged incident(s), and description of alleged sexual harassment):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The filing of a formal complaint triggers the District’s Title IX Grievance Process, a copy of which is enclosed with this notice. Also enclosed with this notice is information concerning the availability of informal methods that may be agreed upon by the parties as an alternative means of resolving the complaint in lieu of the formal grievance process. ***[Delete this last sentence if the complaint involves employee-on-student sexual harassment; informal resolution is not available in those situations.]***

As explained in the enclosed Title IX Grievance Process, the District is obligated to investigate allegations in a formal complaint of sexual harassment. An investigator will be assigned to this matter and will contact you to arrange an interview to discuss the allegations.

**Please be advised that the Respondent is presumed not responsible for the alleged conduct. A determination regarding responsibility is made at the conclusion of the enclosed Title IX grievance process.**

You may have an advisor of your choice assist or represent you in this process. The advisor may be, but is not required to be, an attorney. Please note that the District does not provide or pay for a party’s advisor.

You have the right to inspect and review evidence in accordance with the District’s Title IX Grievance Process. The investigator assigned to this matter will make evidence gathered in the course of the investigation available to you at a later date.

Be advised that District Policy and the Code of Conduct prohibit knowingly making false statements or knowingly submitting false information during the grievance process. ***[Cite to***

***applicable policy/code of conduct provisions.]*** Such an act is punishable under the District's Code of Conduct.

Additionally, be advised that the District prohibits a party from retaliating in any manner against an individual who has complained of alleged sexual harassment or against any individual who participates in an investigation of such conduct. Retaliation is punishable under the District's Code of Conduct.

Should you have any questions after reviewing the enclosed materials, please let me know.

Sincerely,

**[Insert Name]**  
Title IX Coordinator

*Enclosures:*  
Title IX Grievance Process  
Informal Resolution Process (if applicable)  
***[May include FFH(LOCAL) or other applicable policy provisions]***

## Title IX Investigation Report

District Case No. \_\_\_\_\_

Name of Title IX Investigator Completing Report: \_\_\_\_\_

Date Report Completed: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

<b><u>Interviews</u></b>		
<b>Date</b>	<b>Individual Interviewed</b>	<b>Role <i>(Complainant/Respondent/Witness)</i></b>

<b><u>Other Evidence Obtained</u></b>		
<b>Date obtained</b>	<b>Description</b>	<b>Source of Evidence</b>

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**Summary of Relevant Evidence**

- I certify that all parties involved in the above-referenced Formal Complaint have been given an equal opportunity to inspect and review any evidence obtained as part of the investigation that is directly related to the allegations in the Formal Complaint.
- Such evidence was sent to each party and the party’s advisor, if any, on \_\_\_\_\_ in \_\_\_\_\_ format (electronic or hard copy).
- I certify that all parties were given at least 10 days to submit a written response after the evidence was made provided to them.
- State whether Complainant and/or Respondent submitted a written response and the date each response was received:
  - Complainant: Yes No (circle one)    Date Received: \_\_\_\_\_
  - Respondent: Yes No (circle one)    Date Received: \_\_\_\_\_
- I certify that I considered any responses timely submitted by the parties prior to completing this investigative report.

Title IX Investigator signature: \_\_\_\_\_ Date: \_\_\_\_\_



This investigative report was sent to the following persons:

- Title IX Coordinator
- Title IX Decision maker
- Complainant     Complainant's Advisor, if any
- Respondent     Respondent's Advisor, if any
- Other: \_\_\_\_\_

Method of delivery (Check all that apply):

- Hard copy    Date: \_\_\_\_\_     Electronic format    Date: \_\_\_\_\_

***\*The investigative report must be provided to the parties at least 10 days prior to a hearing or other determination of responsibility.***

Are there any documents attached to this report?     Yes     No

## EMPLOYEE WITNESS INTERVIEW FORM

Name of Employee being investigated: \_\_\_\_\_

Name of Employee Witness: \_\_\_\_\_ Position: \_\_\_\_\_

Campus/Dept: \_\_\_\_\_ Date of Alleged Incident: \_\_\_\_\_

Completion of this form is necessary for interviewing employees during an investigation.

### GENERAL INFORMATION

Please complete this information prior to conducting the interview.

Date of interview		Time of interview	
Name of person being interviewed			
Position of person being interviewed		Home campus	
Was the interview recorded?			
Did the witness submit an additional written statement? (If so, please attach.)	Yes	No	
Are there video surveillance tapes to view?	Yes	No	
Did the person being interviewed have firsthand knowledge of the allegations being investigated?	Yes	No	

List the names of all additional witnesses revealed in this interview.

Describe the conduct that is being investigated and any knowledge the employee provided.

Completed by:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Title

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Person Completing Report

**WITNESS STATEMENT - EMPLOYEE**

Name of Employee being investigated: \_\_\_\_\_

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

Campus/Dept: \_\_\_\_\_ Position: \_\_\_\_\_

**Employee's Written Statement**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

All involved  
to your  
knowledge:

Witnesses:

Description of  
Incident:

Did you report the incident to a supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the following:

To whom did you report the incident?	
Date and Time of Report:	
Method of Reporting:	
Any other individuals you made aware of the incident as you have reported it?	
Have you reported to law enforcement?	
Have you reported to CPS?	

Signature of Employee		Date	
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Received by:		
_____	_____	_____
Print Name	Print Title	Date

## STUDENT-WITNESS INTERVIEW FORM

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Campus:** \_\_\_\_\_ **Date of Alleged Incident:** \_\_\_\_\_

Completion of this form is necessary for interviewing students during an investigation.

### GENERAL INFORMATION

Please complete this information prior to conducting the interview.

Date of interview		Time of interview	
Name of person being interviewed			
Grade of person being interviewed		Home campus	
Was the interview recorded?			
Did the witness submit an additional written statement? (If so, please attach.)	Yes	No	
Are there video surveillance tapes to view?	Yes	No	
Is the student being interviewed in special education?	Yes	No	
Were parents notified the student was interviewed?	Yes	No	
Did the person being interviewed have firsthand knowledge of the allegations being investigated?	Yes	No	

List the names of all additional witnesses revealed in this interview.

Describe the conduct that is being investigated and any information the student provided.

Completed by:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Print Title

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Person Completing Report

**STUDENT'S WRITTEN STATEMENT OF INCIDENT**

Name of Student: \_\_\_\_\_ ID#: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_  
Parent Home # \_\_\_\_\_ Parent Work #: \_\_\_\_\_  
Parent Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Individuals Involved: 

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Witnesses: 

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Description of Incident: 

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Signature of Student		Date	
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Received by:		
_____	_____	_____
Print Name	Print Title	Date



**TITLE IX SEXUAL HARASSMENT DECISION FORM**

Date: \_\_\_\_\_  
District Case No. \_\_\_\_\_  
Complainant: \_\_\_\_\_  
Respondent: \_\_\_\_\_

**DETERMINATION OF RESPONSIBILITY**

On \_\_\_\_\_, the District received a Formal Complaint of alleged sexual harassment concerning the Complainant and Respondent identified above.

**A. Allegations**

*Identify the allegations potentially constituting sexual harassment under the Title IX regulations.*

**B. Procedural Steps**

*Describe the procedural steps taken from receipt of Formal Complaint through Determination of Responsibility, including any notifications to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, and any hearings held.*

**C. Findings and Conclusions**

After considering the investigative report and relevant evidence weighed in accordance with the preponderance-of-the-evidence standard set forth in District Policy, I hereby make the following findings of fact:

*Describe each finding of fact supporting the determination.*

Applying the District’s Code of Conduct to the above findings of fact, I hereby conclude as follows:

*Explain whether the fact findings above do or do not violate the District’s Code of Conduct. Include the specific language/provision at issue from the Code of Conduct and identify where that provision is located.*

**D. Determination of Responsibility**

For the reasons discussed above, I hereby make the following determination(s) of responsibility as to the allegations of the sexual harassment:

*As to each allegation of sexual harassment, state whether you have determined the Respondent to be or not to be responsible. Include your rationale for that determination as to each allegation.*

**E. Disciplinary Sanctions and Remedies**

*If Respondent is determined to be responsible for any allegations of sexual harassment, describe any disciplinary sanctions the District will impose on the Respondent. Also describe whether remedies designed to restore or preserve equal access to the district's education program or activity will be provided by the District to the Complainant.*

**F. Notice of Right to Appeal this Decision**

Either party has the right to appeal this decision under the District's Title IX Grievance Process by filing a written Notice of Appeal with the District's Title IX Coordinator within \_\_\_\_\_ days of the date of this Determination of Responsibility. Appeals are available for the following reasons only:

1. Procedural irregularity that affected the outcome of the matter;
2. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter; or
3. The Title IX Coordinator, investigator(s), or decision maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the individual complainant or respondent that affected the outcome of the matter.

This decision and Determination of Responsibility will become final either on the date that the District provides the parties with the written determination of the result of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which an appeal would no longer be considered timely.

Signature of Title IX Decision Maker: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

This decision was provided to the following persons simultaneously:

- Title IX Coordinator     Complainant     Complainant's Advisor, if any  
 Respondent     Respondent's Advisor, if any     Other: \_\_\_\_\_

Method and date of delivery (Check all that apply):

- Hard copy    Date: \_\_\_\_\_     Electronic format    Date: \_\_\_\_\_