



Title IX Discrimination Intake Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on the sex of students in educational institutions that receive federal financial assistance. This form is to be completed by an individual reporting sexual harassment or an individual in the Title IX Coordinator's office when a student, parent, or district employee reports possible sexual harassment to the Title IX Coordinator's office.

REPORTER INFORMATION:

Case Number: _____

Reporter Name: _____

Email: _____

Phone Number: _____

Student ID: _____

Campus: _____

Employee ID: _____

Job Title: _____

Employee's School/Office Location: _____

Type of Prohibited Conduct:

Discrimination based on: (Check all that apply)



CLARENDON BRONCOS

CLARENDON CISD

416 S Allen Street
Clarendon, TX 79226
Phone: 806-310-7220
Fax: 806-874-2579

- Sexual Harassment Sexual Assault Gender Based Harassment Dating Violence
- Stalking Retaliation Cyber Bullying Other

Date Incident Occurred:

Earliest _____

Latest _____

Continuing Action

ALLEGED VICTIM'S INFORMATION:

Name: _____

School/Department: _____ Job Title _____

Email: _____ Employee ID: _____

Student ID: _____ Campus: _____

Extra-Curricular Activities: _____



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Were there any witnesses to this matter? (Please circle) Yes No

If yes, please list those who witnessed the incident(s) or have knowledge of the incident. Please attach additional names if needed.

Name: _____ School/Department: _____

Phone Number: _____ Email: _____

Name: _____ School/Department: _____

Phone Number: _____ Email: _____

Name: _____ School/Department: _____

Phone Number: _____ Email: _____

Did the reporter discuss the incident with any witnesses previously identified?

(Please circle) Yes No

Name: _____ Date: _____

Method or Communication: _____

Please identify any administrators, district employees, or law enforcement agency to whom a report has been made:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:



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Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Report taken by:

Title IX Coordinator/designee

Date

