

102 South Merritt Street ● Odin, Illinois 62870 Phone: 618-740-4183 ● Fax: 618-740-4186

www.odinpublicschools.org

Belinda Kirgan, Superintendent Email: bkirgan@odinpublicschools.org

Quinton Marcum, Principal Email: qmarcum@odinpublicschools.org

Title IX Sexual Harassment Reporting Form

Any person may report sex discrimination, including sexual harassment, whether or not the person reporting is the person alleged to be the victim of the conduct that could constitute sex discrimination or sex harassment. The report may be made in writing or verbally, and a report may be anonymous. This form is available for submitting a written report but is not required. The report may be made at any time in person, by mail, by phone, or by electronic mail to the District's Title IX Coordinator at or any employee:

	Mr. Quinton	Marcum, Principal	
	Odin Public School District #722 102 S. Merritt St. Odin, IL 62870 Phone: 618-740-4183		
			Email: qmarcum@
Name:		Date:	
Email Address:		Phone No.:	
1. Please check the a	ppropriate box below to	describe your role in our District:	
Student	School	Grade	
Parent/Guardian	Phone	Email	
Employee	School	Position	

2. Is the person making this report also the victim of the alleged conduct? \square Yes \square No



102 South Merritt Street ● Odin, Illinois 62870 Phone: 618-740-4183 • Fax: 618-740-4186

www.odinpublicschools.org

Belinda Kirgan, Superintendent Email: bkirgan@odinpublicschools.org

Quinton Marcum, Principal Email: qmarcum@odinpublicschools.org

3.	Person(s) reported as victim(s) of the alleged conduct:		
	If the victim or victims are students of Odin Public School District, please list the grade of each victim:		
4.	Person(s) being reported as alleged harasser(s):		
	If the harasser or harassers are students of Odin Public School District, please list the grade of each harasser:		
5.	Person(s) who witnessed or have knowledge of the alleged conduct:		
	If the witness or witnesses are students of Odin Public School District, please list the grade of each witness):		
6.	Approximate date(s) and time(s) of the alleged conduct:		
7.	Location(s) of the alleged conduct:		
_			



102 South Merritt Street ● Odin, Illinois 62870 Phone: 618-740-4183 • Fax: 618-740-4186 www.odinpublicschools.org

Belinda Kirgan, Superintendent Email: bkirgan@odinpublicschools.org Quinton Marcum, Principal Email: qmarcum@odinpublicschools.org

8.	Description of the alleged conduct, including any related evidence (Please use the reverse side of this form and/or additional pages, if needed)
	ompleting and signing this form, I attest that the information provided is true and accurate to the best of my
kno	wledge.
Sigr	ature Date



102 South Merritt Street ● Odin, Illinois 62870 Phone: 618-740-4183 ● Fax: 618-740-4186 www.odinpublicschools.org

Belinda Kirgan, Superintendent Email: bkirgan@odinpublicschools.org

Quinton Marcum, Principal Email: qmarcum@odinpublicschools.org