

TITLE IX/SEXUAL HARASSMENT GRIEVANCE FORM

Date: _____ Time: _____ Room/Location: _____

Student(s) Initiating Alleged Sexual Harassment:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Student(s) Affected:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Describe the incident:

Witness present: _____

Principal Signature: _____

Parent(s) contacted: Date: _____ Time: _____

Completed forms shall be submitted to the Inola Public School Title IX Coordinator via school site principal.