

**TITLE IX SEXUAL HARASSMENT REPORTING FORM**



**ANTIOCH SCHOOL DISTRICT 34**  
*Inspiring personal excellence.*

*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 Amy Mahr, Director of Human Resources, 964 Spafford Street, 847.838.8457, [amahr@antioch34.com](mailto:amahr@antioch34.com), or to any District employee.*

**Date:**

**Name:**

*Anonymous reports are accepted.*

☐ Student ☐ Parent/Guardian ☐ Employee ☐ Other (please specify):

**If a student, specify school and grade:**

**If a parent/guardian or other, provide contact information:**

**Is the person making this report also the victim of the alleged conduct?** ☐ Yes ☐ No

**Person(s) reported as victim(s) of the alleged conduct:**

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

School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

School: \_\_\_\_\_

Grade: \_\_\_\_\_

**Person(s) being reported as the alleged harasser(s):**

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

☐ Student ☐ Staff ☐ Other

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

☐ Student ☐ Staff ☐ Other

**Person(s) who witnessed or have knowledge of the alleged conduct:**

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

☐ Student ☐ Staff ☐ Other

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

☐ Student ☐ Staff ☐ Other  
☐ Student ☐ Staff ☐ Other

**Approximate date(s) and time(s) of the alleged conduct:**

**Location(s) of the alleged conduct:**

**Description of the alleged conduct, including any related evidence (may use reverse side and/or additional pages if needed):**

*By completing and signing this form, I attest that the information provided is true and accurate to the best of my knowledge.*

**Signature:**

**Date:**

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