

**DISCRIMINATION/SEXUAL HARASSMENT/RETALIATION  
REPORT FORM**

It is the policy of this school entity to provide a safe, positive learning and working environment that is free from sexual harassment, other discrimination and retaliation. If you have experienced, or if you have knowledge of, any such actions, we encourage you to complete this form. The Title IX Coordinator will be happy to support you by answering any questions about the report form, reviewing the report form for completion and assisting as necessary with completion of the report. The Title IX Coordinator's contact information is:

Position: Administrative Director

Address: 5050 Sweppenheiser Dr., Bloomsburg, PA 17815

Email: CFunkhouser@cmvt.us

Phone Number: 570-784-8040

**Retaliation Prohibited**

The school entity, its employees and others are prohibited from intimidating, threatening, coercing, or discriminating against you for making this report. Please contact the Title IX Coordinator immediately if you believe retaliation has occurred.

**Confidentiality**

Confidentiality of all parties, witnesses, the allegations and the filing of a report shall be handled in accordance with policy, procedures, and the school entity's legal and investigative obligations. The school entity will take all reasonable steps to investigate and respond to the report, consistent with a request for confidentiality as long as doing so does not preclude the school entity from responding effectively to the report. If you have any questions regarding how the information contained in this report may be used, please discuss them with the Title IX Coordinator prior to filing the report. Once this report is filed, the school entity has an obligation to investigate the information provided.

*Note: For purposes of Title IX sexual harassment, this Report Form serves initially as an informal report, not a formal complaint of Sexual Harassment under Title IX.*

**I. Information About the Person Making This Report:**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Assigned School Building(s):

I am a/an:

Employee       Volunteer       Visitor

Other \_\_\_\_\_ (please explain relationship to the school entity)

If you are not the victim of the reported conduct, please identify the alleged victim:

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

The alleged victim is:

Another Employee       Student

Other: \_\_\_\_\_ (please explain relationship to the alleged victim)

## **II. Information About the Person(s) You Believe is/are Responsible for the Harassment, Retaliation or Other Discrimination You are Reporting**

What is/are the name(s) of the individual(s) you believe is/are responsible for the conduct you are reporting?

Name(s):

**The reported individual(s) is/are:**

Student(s)       Employee(s)

Other \_\_\_\_\_ (please explain relationship to the school entity)

## **III. Description of the Conduct You are Reporting**

In your own words, please do your best to describe the conduct you are reporting as clearly as possible. Please attach additional pages if necessary:

When did the reported conduct occur? (Please provide the specific date(s) and time(s) if possible):

Where did the reported conduct take place?

Please provide the name(s) of any person(s) who was/were present, even if for only part of the time.

Please provide the name(s) of any other person(s) that may have knowledge or related information surrounding the reported conduct.

Have you reported this conduct to any other individual prior to giving this report?

Yes       No

If yes, who did you tell about it?

If you are the victim of the reported conduct, how has this affected you?

I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge. I understand that any false information provided herein is subject to penalties contained in 18 Pa. C.S.A. Sec. 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature of Person Making the Report

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

*This section is to be completed by the Title IX Coordinator based on reviewing the report with the complainant or other individual making the report.*

*The purpose of this form is to assist the Title IX Coordinator in gathering information necessary to properly assess the circumstances surrounding the reported conduct to determine if the allegations fall under the definition of Title IX sexual harassment or if the matter merits review and action under other policies. The Title IX Coordinator shall gather as much information as possible in cases of incomplete or anonymous reports (including those that may be received through the Safe2Say Something program) to assess the report.*

*Upon receipt of the report, The Title IX Coordinator shall promptly contact the complainant regarding the report to gather additional information as necessary, and to discuss the availability of supportive measures as described in Policy 104 and Attachment 3. The Title IX Coordinator shall consider the complainant's wishes with respect to supportive measures.*

**I. Reporter Information:**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Assigned School Building(s):

Reporter is a/an:

Employee       Volunteer       Visitor

Other \_\_\_\_\_ (please explain relationship to the school entity)

If the reporter is not the victim of the reported conduct, please identify the alleged victim:

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

The alleged victim is:

Another Employee       Student

Other: \_\_\_\_\_ (please explain relationship to the alleged victim)

## II. Respondent Information

Please provide the name(s) of the individual(s) believed to have conducted the reported violation:

Name(s):

**The reported respondent(s) is/are:**

- Student(s)       Employee(s)
- Other \_\_\_\_\_ (please explain relationship to the school entity)

## III. Level of Report:

- Informal       Formal (see additional information below on Title IX formal complaints)

## IV. Type of Report:

- Title IX Sexual Harassment     Discrimination     Retaliation     Other \_\_\_\_\_

## Nature of the Report (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Race                | <input type="checkbox"/> Age                 |
| <input type="checkbox"/> Color               | <input type="checkbox"/> Creed               |
| <input type="checkbox"/> Religion            | <input type="checkbox"/> Sex                 |
| <input type="checkbox"/> Sexual Orientation  | <input type="checkbox"/> Sexual Harassment   |
| <input type="checkbox"/> National Origin     | <input type="checkbox"/> Ancestry            |
| <input type="checkbox"/> Marital Status      | <input type="checkbox"/> Pregnancy           |
| <input type="checkbox"/> Handicap/Disability | <input type="checkbox"/> Genetic Information |

## V. Reported Conduct

Describe the reported conduct below, including specific actions, dates, times, locations and any other details necessary to properly assess the reported incident(s).

How often did the conduct occur?

Is it being repeated?    Yes       No

Do the circumstances involve a student identified as a student with a disability under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act?

No.

Yes, please identify the student with a disability and contact the Director of Special Education.

Date Director of Special Education was contacted: \_\_\_\_\_

How has the conduct affected the alleged victim's ability to fully participate in the school's programs or activities in the course of school employment?

What is the alleged victim's relationship with the alleged respondent?

Insert names, descriptions, and/or contact information of individuals believed to have observed the conduct or who otherwise may have knowledge of the conduct and/or related circumstances.

Additional observations or evidence including pictures, texts, emails, video or other information submitted to the Title IX Coordinator.

## **VI. Safety Concerns**

Are there safety concerns that may require Emergency Removal or Administrative Leave of a respondent? (This requires an individualized safety and risk analysis as to whether there is an immediate threat to the physical health or safety of an individual.)

No.

Yes, please describe:

## VII. Other Reports

Has the conduct been reported to the police or any other agency?

No

Yes      Date reported: \_\_\_\_\_ Agency: \_\_\_\_\_

## VIII. Identification of Policies Implicated by Reported Conduct

Check all that apply:

Policy 103. Discrimination/Title IX Sexual Harassment Affecting Students

Policy 104. Discrimination/Title IX Sexual Harassment Affecting Staff

Other \_\_\_\_\_

To meet the definition of Title IX sexual harassment, the conduct must have taken place during a school entity education program or activity involving a person in the United States. An **education program or activity** includes the locations, events or circumstances over which the school entity exercises substantial control over both the respondent and the context in which the sexual harassment occurs. Title IX applies to all of a school entity's education programs or activities, whether such programs or activities occur on-campus or off-campus.

Did the incident occur during a school entity program or activity involving a person in the United States?

Yes

No

To meet the definition of Title IX sexual harassment, the conduct needs to satisfy one or more of the following (please check all that apply):

An employee conditioning the provision of an aid, benefit, or service on an individual's participation in unwelcome sexual conduct, commonly referred to as quid pro quo sexual harassment.

Unwelcome conduct determined by a reasonable person to be so severe, pervasive and objectively offensive that it effectively denies a person equal access to an education program or activity.

Sexual assault, dating violence, domestic violence or stalking.

**Dating violence** means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship is determined by the following factors:

- Length of relationship.
- Type of relationship.
- Frequency of interaction between the persons involved in the relationship.

**Domestic violence** includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving federal funding, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

**Sexual assault** means a sexual offense under a state or federal law that is classified as a forcible or nonforcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation.

**Stalking** means stalking on the basis of sex, for example when the stalker desires to date a victim. Stalking means to engage in a course of conduct directed at a specific person that would cause a reasonable person to either:

1. Fear for their safety or the safety of others.
2. Suffer substantial emotional distress.

## **IX. Recommended Course of Action**

After consultation with the complainant and consideration of the reported information, the Title IX Coordinator directs the report to proceed under the provisions of (check all that apply):

No further action at this time. Reason:

Policy 104 Discrimination/Title IX Sexual Harassment Affecting Staff: Attachment 2  
Discrimination Complaint Procedures

Policy 104. Discrimination/Title IX Sexual Harassment Affecting Staff: Attachment 3 Title IX  
Sexual Harassment Procedures and Grievance Process for Formal Complaints

Other \_\_\_\_\_