

Title IX Discrimination Witness Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on sex in educational institutions that receive federal financial assistance. Students, employees, volunteers, and others may possess information relevant to making a determination of responsibility of a Formal Complaint of sexual harassment. However, no individual can be forced to participate in a Title IX investigation, nor may the district retaliate against any individual for participating in or refusing to participate in a Title IX investigation.

A witness may complete this form. If it is not developmentally appropriate for a student to complete this form, the investigator may interview the student and complete the form based on the student's responses.

PERSONAL INFORMATION *(Please Print)*

Case Number: _____

Witness's Name: _____

Email: _____

Phone Numbers: (Cell) _____ (Work) _____

Student ID: _____ Campus: _____

Employee ID _____ Job Title: _____

Employee's School/Office Location: _____

Type of Complaint:

Discrimination based on: *(Check all that apply)*

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

Date Incident Occurred:

Earliest _____ Latest _____

- Continuing Action

Does any recording or physical record of this incident exist in your possession? Yes No

Have you spoken to anyone else about what you witnessed?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Please describe what you witnessed, where, and when. If you did not witness the incident, describe what you were told and when. (Identify: Who, What, When, and Where)

Please attach additional sheets, if necessary.

I certify the aforementioned is true and correct.

Witness Signature

Date

Statement taken by:

Title IX Investigator

Date