

**SEX AND GENDER-BASED DISCRIMINATION, VIOLENCE, AND HARASSMENT
NOTICE REPORT FORM**

All school/district employees must complete this form upon receiving notice of an alleged violation of Policy 3085 and submit it to Elevate Academy Network Office upon completion. Questions regarding this form should be directed to Lisa Velasquez, Coordinator at lvelasquez@elevate208.org or (208)504-0130

EMPLOYEE/MANDATORY REPORTER INFORMATION

Name: _____ Title/Role: _____

Administrator Teacher/Faculty Staff Other _____

Phone Number: _____ E-mail: _____

REPORT INFORMATION

Report Date: _____

Received: In Person E-mail Phone Call Postal Mail Social Media Other _____

Reporter: _____ **[Recipient ID]:** _____

Phone Number: _____ **E-mail:** _____

Reporter's Relationship to Incident(s): Complainant Respondent Witness Other

School/Work Location: _____

Reporter's Affiliation: Student Faculty Staff Parent/Guardian Guest Other

INCIDENT INFORMATION

Incident Date(s): _____

Incident Time(s): _____

Incident Location(s):

- School Building/Office
- Outdoors on school grounds
- [School/District] transportation
- Off Campus/Out of school

[School/District] Sponsored Event

Other _____

Specific Location(s): _____

Has the Complainant's parent/guardian been notified? Yes No Unsure N/A

Has the Respondent's parent/guardian been notified? Yes No Unsure N/A

Incident Type(s):

Protected Characteristic(s) Basis for Report:

- Discrimination
- Harassment
- Violence
- Stalking
- Retaliation
- Other _____

Has the party reported to law enforcement?

- Yes No Unsure

Agency: _____

Date Reported: _____

Case No.: _____

- Sex/Gender
- Gender Identity
- Gender Expression
- Sexual/Affectional Orientation
- Pregnancy/Parenting Status

Has the party reported to the applicable child welfare agency? Yes No Unsure

Agency: _____

Date Reported: _____

Case No.: _____

INVOLVED PARTIES

Respondent: _____ **[Recipient ID]:** _____

Affiliation: Student Teacher/Faculty Staff Administrator Guest Other

Phone Number: _____ **E-mail:** _____

School/Work Location: _____

Complainant: _____ **[Recipient ID]:** _____

Affiliation: Student Teacher/Faculty Staff Administrator Guest Other

Phone Number: _____ **E-mail:** _____

School/Work Location: _____

INCIDENT DESCRIPTION

RESPONSE

I have offered assistance with arranging:

- medical care
- counseling/mental health services
- reporting to law enforcement
- victim advocate services

I have submitted:

- [Child Welfare Agency] Report (if required by law)
- Police Report (if required by law)

I have notified the reporter that this information is being submitted to the Title IX Coordinator

I have provided the reporter with the [School/District]'s Title IX brochure

Requested Response(s): No Action Supportive Measures Meet with Title IX Coordinator
 Other _____