Cadillac Area Public Schools
Title IX Complaint Reporting Form

A. Reporter Information

1. **Name of Reporter/Person Filing the Report:**
   (Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)

2. Check whether you are the:
   □ Target of the Discrimination   □ Reporter (not the target)

3. Check whether you are a
   □ Student   □ Staff member (specify role)
   □ Parent   □ Administrator   □ Other (specify)

4. If student, state school name: __________________________ Grade: ______

5. If staff member, state school work site: __________________________

B. Complaint Information

1. Name of Target (of discrimination):

2. Please identify the circumstances in which violation is allegedly occurring:

3. Date(s) of Incident(s):

4. Time of Incident(s):

C. Witness Accounts (Full names and affiliation of people who saw the incident or have information about it):

1. **Name:** __________________________ □ Student □ Staff □ Parent □ Other __________

2. **Name:** __________________________ □ Student □ Staff □ Parent □ Other __________

3. **Name:** __________________________ □ Student □ Staff □ Parent □ Other __________

4. **Name:** __________________________ □ Student □ Staff □ Parent □ Other __________

5. **Name:** __________________________ □ Student □ Staff □ Parent □ Other __________
D. Incident Details
Describe the details of the incident (including names of the people involved, what occurred and what each person did and said, including specific words used). Please use additional space on back if necessary.

Signature of Person Filing this Report: ____________________ Date: __________
(Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY

Signature: __________________________________ Date Received: __________

Investigation:

1. Investigator(s): ____________________________ Position: ______________

2. Interviews:
   □ Interviewed complainant Name: _______________ Date: ________
   □ Interviewed target Name: _______________ Date: ________
   □ Interviewed witness Name: _______________ Date: ________
   □ Interviewed witness Name: _______________ Date: ________
   □ Interviewed witness Name: _______________ Date: ________
   □ Interviewed witness Name: _______________ Date: ________

3. Any prior documented incidents related to this complaint? □ Yes □ No
Initial Summary of Investigation: (Please use additional paper and attach to this document as needed)

Conclusions From the Investigation:

1. Finding of Title IX Discrimination (if yes, complete remainder of form):
   □ Yes  □ No
   □ Incident documented as________________

   If yes, please identify individual(s) with whom complaint filed, including date:

2. Contacts:
   □ Complainant ____________________________ Date: _________
   □ Respondent ____________________________ Date: _________
   □ Target of Discrimination ______________________ Date: _________
   □ Central Office ____________________________ Date: _________

Title IX Coordinator Signature: ____________________________ Date:___________

Report received by Superintendent (initial): _________ Date: _________

Revised 12/15