



Mount Vernon City School District

**Sexual Misconduct, Sexual
Harassment, Relationship Violence,
and Stalking Reporting Form
(Title IX Complaint)**

If this is an immediate concern for safety, please call 911.

This form is designed to provide students, employees, faculty, vendors, visitors, or others with a method to report specific information related to alleged incident(s) of sexual misconduct, harassment, relationship violence, and stalking. This form may be used to file a report for yourself or on the behalf of another person.

Mount Vernon City School District (“The School”) will use the information provided to reach out to the complainant, to initiate a conversation with the complainant to provide options and discuss next steps. However, if the report does not contain specific information, the School's response may be limited.

For more information regarding the Sexual Misconduct, Harassment, Relationship Violence, and Stalking policies, please view the School’s policy.

**Upon Completion, this form should be returned to:
Mrs. Pam Rose
Director of Student Services/Title IX Coordinator
Mount Vernon City Schools
740.397.7422 extension 6022
prose@mvcasd.us**

YOUR INFORMATION

If you wish to identify yourself, please fill in the information listed below. This section is to identify the person completing the form. You may choose to complete this form anonymously. While we will review all reports we receive, please note that submitting this report anonymously may impact the School's ability to fully respond to the complaint.

- 1. Full Name:**
- 2. Phone Number:**
- 3. Email Address:**
- 4. Address:**
- 5. Relationship to School (e.g., student, staff, administrator):**
- 6. Job Title (if applicable):**
- 7. Year in School (if applicable):**

INFORMATION REGARDING COMPLAINT

Please provide as much information as you can. If there are questions you cannot answer or information you are uncomfortable sharing in this format, you may state that in the appropriate field. If you need more room to submit your response, please write "see attached" in the space provided and attach as many additional pages as you need to fully respond to each item.

- 1. Name of the Accused:**
- 2. Relationship to School (e.g., student, staff, administrator):**
- 3. Job Title (if applicable):**
- 4. Year in School (if applicable):**
- 5. List any school organization involved in the incident:**
- 6. Date of Incident:**
- 7. Time of the Incident:**
- 8. Location of the Incident:**
- 9. Did you report this incident to any School Personnel? If so, to whom did you report and when?**
- 10. Were the police contacted regarding the incident? If so, when?**

11. **Name of Other Involved Parties and Relationship to Incident (Victim, Witness, Accused):**

12. **Have you spoken with any of the individuals listed in response to the preceding question? If yes, please describe the discussion and outcome.**

13. **Please provide a description of the incident/conduct you are reporting using specific, concise, descriptive language (who, what, where, when, and how). If you need more space, please attach additional page(s) to this form.**

14. **Please provide any relevant supporting documentation (e.g., copies or screenshots of documents, emails, photos, text messages, and/or other evidence related to this report) you may have.**

15. **Please indicate your desired outcome, if applicable.**

Complainant

Date

Print Name

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Date Received By Title IX Coordinator: