**STUDENT/STAFF CONDUCT FORM - STAFF/TEACHER/EMPLOYEE Version**

**NOTE: If you personally witnessed the conduct, you SHALL report conduct you reasonably believe MIGHT be HHB. If you did NOT personally witness the conduct, you SHALL report conduct that MIGHT be HHB.**

**STAFF /TEACHER/ EMPLOYEE- AUTHOR OF FORM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE/TIME FORM FILLED OUT: DATE\_\_\_\_\_\_\_\_TIME: \_\_\_\_\_\_\_\_**

**(WERE YOU A DIRECT WITNESS TO INCIDENT?  Y N**

**IF NOT, IDENTIFY STUDENT/ADULT/EMPLOYEE REPORTER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **& WAS THAT REPORTER A WITNESS TO THE INCIDENT?  Y \_\_\_ N\_\_\_\_\_\_**

**IDENTITY OF ALLEGED STUDENT or STAFF OFFENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENTITY OF COMPLAINANT (person targeted by the behavior, need not have reported it): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF ALLEGED INCIDENT: Date:\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_**

**DATE/TIME INFORMATION RECEIVED BY AUTHOR (IF NOT A WITNESS TO INCIDENT)\_\_Date:\_\_\_\_\_ Time:\_\_\_\_\_\_\_**

**IDENTITY OF STUDENT WITNESSES (if any) ):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENTITY OF ANY OTHER DISTRICT EMPLOYEE WITNESSES (IF ANY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY INITIAL ACTIONS TAKEN BY AUTHOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF WITNESSED OR REPORTED CONDUCT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (use more pages if necessary)**

**DOES AUTHOR HAVE ADDITIONAL KNOWLEDGE REGARDING ALLEGED INCIDENT - SEPARATE FROM THAT REPORTED OR WITNESSED? YES □ NO □**

**IF “YES” THEN DESCRIBE THAT INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*NEW AUG 2020: WHERE ANY EMPLOYEE receives information of conduct which MAY constitute sexual harassment under Title IX you SHALL WITHOUT DELAY INFORM THE TITLE IX COORDINATOR OF THE ALLEGED HARASSMENT.**

**DATE & TIME REPORTED TO TITLE IX COORDINATOR: DATE: \_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_**

**Title IX Coordinator Signature acknowledging receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INCIDENT REPORTED TO DESIGNATED EMPLOYEE? \_\_\_\_ YES \_\_\_\_\_ NO**

**NO (If no, explain in detail WHY not reported to DE:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF REPORTED TO DE/DATE & TIME INCIDENT WAS REPORTED TO C-1 DESIGNEE: Date: Time:\_\_\_\_\_\_\_\_\_ DE Signature acknowledging receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT/STAFF CONDUCT FORM – Designated Employee Version**

**DESIGNATED EMPLOYEE- AUTHOR OF FORM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE/TIME FORM FILLED OUT: Date:\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_**

**(WERE YOU A DIRECT WITNESS TO INCIDENT?  Y N .
IF NOT, IDENTIFY STUDENT/ADULT/EMPLOYEE REPORTER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**& WAS THAT REPORTER A WITNESS TO THE INCIDENT? \_\_\_  Y \_\_\_ N**

**IDENTITY OF ALLEGED STUDENT or STAFF OFFENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENTITY OF COMPLAINANT (person targeted by the behavior, need not have reported it): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF ALLEGED INCIDENT: Date:\_\_\_\_ Time: \_\_\_\_\_\_\_**

**DATE/TIME INFORMATION RECEIVED BY DESIGNEE (IF NOT A WITNESS) Date: \_\_ Time:\_\_\_\_\_**

**IDENTITY OF STUDENT WITNESSES (if any) ):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENTITY OF ANY OTHER DISTRICT EMPLOYEE WITNESSES (IF ANY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY INITIAL ACTIONS TAKEN BY DE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF WITNESSED OR REPORTED CONDUCT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (use more pages if necessary)**

**DOES DESIGNEE HAVE ADDITIONAL KNOWLEDGE REGARDING ALLEGED INCIDENT - SEPARATE FROM THAT REPORTED OR WITNESSED? YES □ NO □**

**IF YES DESCRIBE THAT INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*NEW AUG 2020: WHERE ANY EMPLOYEE receives information of conduct which MAY constitute sexual harassment under Title IX you SHALL WITHOUT DELAY INFORM THE TITLE IX COORDINATOR OF THE ALLEGED HARASSMENT.**

**DATE & TIME REPORTED TO TITLE IX COORDINATOR: DATE: \_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_**

**Title IX Coordinator Signature acknowledging receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INCIDENT REPORTED TO BUILDING ADMINISTRATOR? \_\_\_\_ YES \_\_\_\_\_ NO (If no, explain in detail WHY not reported to BA:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE & TIME INCIDENT REPORTED BY DE TO BA: Date:\_\_ Time:\_\_\_\_\_\_**

* **Administrator Signature acknowledging receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT /STAFF CONDUCT FORM-Building Administrator Version**

**SCHOOL ADMINISTRATOR/AUTHOR OF FORM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE/TIME FORM FILLED OUT: DATE:\_\_\_\_\_\_\_\_TIME: \_\_\_\_\_\_\_\_**

**WERE YOU DIRECT WITNESS TO INCIDENT?  Y N . IF NOT, IDENTIFY STUDENT/ADULT/EMPLOYEE REPORTER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**& WAS THAT REPORTER A WITNESS TO THE INCIDENT? Y \_\_\_ NO\_\_\_\_**

**IDENTITY OF ALLEGED STUDENT or STAFF OFFENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENTITY OF COMPLAINANT (person targeted by behavior, need not have reported it): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF ALLEGED INCIDENT: Date:\_\_\_\_ Time: \_\_\_\_\_\_\_**

**DATE/TIME INFORMATION RECEIVED BY Building Administrator (IF NOT A WITNESS TO INCIDENT) Date:\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_**

**IDENTITY OF STUDENT WITNESSES (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENTITY OF ANY OTHER DISTRICT EMPLOYEE WITNESSES (IF ANY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY INITIAL ACTIONS TAKEN BY AUTHOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF WITNESSED OR REPORTED CONDUCT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (use more pages if necessary)**

**DOES BUILDING ADMINISTRATOR HAVE ADDITIONAL KNOWLEDGE REGARDING ALLEGED INCIDENT - SEPARATE FROM THAT REPORTED OR WITNESSED? YES □ NO □**

**IF YES, DESCRIBE THAT INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BA DETERMINATION AS TO WHETHER *THERE IS INFORMATION OF ALLEGATIONS, WHICH IN BA’S JUDGMENT, THEY* *REASONABLY BELIEVE MAY CONSTITUTE HARASSMENT OR HAZING OR BULLYING*: YES: \_\_\_\_\_\_\_\_\_\_\_\_\_(IF YES HHB INVESTIGATION MUST COMMENCE)**

 **NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXPLAIN DECISION: (Use back of form if more room needed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Building Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*NEW AUG 2020: WHERE ANY EMPLOYEE receives information of conduct which MAY constitute sexual harassment under Title IX you SHALL WITHOUT DELAY INFORM THE TITLE IX COORDINATOR OF THE ALLEGED HARASSMENT. IN SUCH CASE NO DECISION TO LAUNCH A VT HHB INVESTIGATION CAN OCCUR WITHOUT CONSULTATION WITH THE TITLE IX COORDINATOR FIRST.**

**DATE & TIME REPORTED TO TITLE IX COORDINATOR: DATE: \_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_**

**Title IX Coordinator Signature acknowledging receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN CASES WHERE INVESTIGATION IS LAUNCHED:**

**Assignment of Investigator; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name). Date/Time of assignment: \_\_\_\_\_\_\_**

**Date Investigation Launched: (NO later than 1 day from Notice to DE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy and Procedures Sent to Complainant Parent: \_\_\_\_ Accused: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Dates)**

 **STUDENT/STAFF CONDUCT FORM – Title IX Coordinator Version**

**TITLE IX COORDINATOR/AUTHOR OF FORM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE/TIME FORM FILLED OUT: DATE\_\_\_\_\_\_\_\_TIME: \_\_\_\_\_\_\_\_**

**WERE YOU DIRECT WITNESS TO INCIDENT?  Y N. IF NOT, IDENTIFY STUDENT/ADULT/EMPLOYEE REPORTER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**& WAS THAT REPORTER A WITNESS TO THE INCIDENT? Y \_\_\_ NO\_\_\_**

**IDENTITY OF ALLEGED STUDENT or STAFF OFFENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENTITY OF COMPLAINANT (person targeted by the behavior, need not have reported it): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF ALLEGED INCIDENT: Date:\_\_\_\_ Time: \_\_\_\_\_\_\_**

**DATE/TIME INFORMATION RECEIVED BY TITLE IX COORDINATOR (IF NOT A WITNESS TO INCIDENT)\_\_\_\_Date\_\_ Time**

**IDENTITY OF STUDENT WITNESSES (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDENTITY OF ANY OTHER DISTRICT EMPLOYEE WITNESSES (IF ANY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF WITNESSED OR REPORTED CONDUCT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOES AUTHOR/TITLE IX HAVE SEPARATE / ADDITIONAL KNOWLEDGE REGARDING ALLEGED INCIDENT - SEPARATE FROM THAT REPORTED OR WITNESSED? YES □ NO □ DESCRIBE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOES INFORMATION AVAILABLE TO TITLE IX COORDINATOR PROVIDE ACTUAL KNOWLEDGE OF A “REPORT OF SEXUAL HARASSMENT PROHIBITED BY TITLE IX” such that the COORDINATOR HAS *sufficient personal knowledge of the alleged facts to be aware that if such facts were found to be true it would (satisfy the definition of sexual harassment as defined under Title IX*.”**

**YES\* [\_\_] OR NO[\_\_\_] Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*IF YES THEN AS SOON AS REASONABLY POSSIBLE AFTER RECEIVING A REPORT OF SEXUAL HARASSMENT, TITLE IX COORDINATOR SHALL CONTACT COMPLAINANT (OR PARENT/GUARDIAN FOR MINOR STUDENTS). AFTER THAT CONTACT COORDINATOR SHOULD FILL OUT “FORM DOCUMENTING COORDINATOR CONTACT WITH COMPLAINANT.”**