 Form JCAC-1

**TITLE IX REPORTING FORM**

Cobb County School District (CCSD) is committed to ensuring a safe learning and working environment that supports the dignity of all members of the CCSD community. CCSD does not discriminate on the basis of sex or gender in any of its educational programs or activities. CCSD will not tolerate sexual misconduct, which includes but is not limited to, domestic/dating violence, sexual assault, sexual exploitation, sexual harassment and stalking. Members of the CCSD community are strongly encouraged to report instances of sexual misconduct immediately. Reports may be made anonymously and CCSD will attempt to investigate all such reports; however, depending on the extent of information provided about the incident or the individuals involved, the District's ability to respond to an anonymous report may be limited.

This form is designed to receive information regarding any incident that constitutes sexual harassment under Title IX. Most of the fields are optional, but those marked as required must be answered. Once submitted, this form goes directly to the appropriate CCSD Title IX Coordinator. You may choose to submit this form anonymously and CCSD will investigate the report to the extent possible given the information provided.

For more information about reporting, what constitutes sexual harassment under Title IX, or the Cobb County School District Title IX sexual harassment policy and process please visit [web.cobbk12.org/page/49706/title-ix](https://web.cobbk12.org/page/49706/title-ix). If this is an emergency and you need help immediately, please dial 911 or contact your local police agency.

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER (please circle): MALE FEMALE

ROLE (please circle): RESPONDENT COMPLAINANT WITNESS PERSON OF NOTE

DOB (MM-DD-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INVOLVED PARTIES (ATTACH ADDITIONAL PAGES IF NECESSARY)**

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER (please circle): MALE FEMALE

ROLE (please circle): RESPONDENT COMPLAINANT WITNESS PERSON OF NOTE

DOB (MM-DD-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER (please circle): MALE FEMALE

ROLE (please circle): RESPONDENT COMPLAINANT WITNESS PERSON OF NOTE

DOB (MM-DD-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER (please circle): MALE FEMALE

ROLE (please circle): RESPONDENT COMPLAINANT WITNESS PERSON OF NOTE

DOB (MM-DD-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER (please circle): MALE FEMALE

ROLE (please circle): RESPONDENT COMPLAINANT WITNESS PERSON OF NOTE

DOB (MM-DD-YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QUESTIONS**

1. In your own words, please describe the incident including the name(s) of any potential witness(es). If you are a third-party reporter and do not know detail of the actual incident, please describe in detail what was reported to you. (Required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If physical touching was involved, please circle all areas that were touched. (Required)

Intimate Body Parts (breasts, genitals, buttocks)

Non-Intimate Body Parts (arms, shoulders, legs)

No Physical Touching Involved

Unknown

1. To your knowledge, has this incident been reported to faculty, staff, or another District department? (Required)

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

1. If you answered yes to the above question, please provide the name of the individual reported to and date of the report:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACKNOWLEDGEMENTS (PLEASE INITIAL IN THE SPACES PROVIDED)

Submission of this form will result in a report to the Title IX Coordinator and an initial inquiry into the matter, to the extent possible, to determine whether further action is required. If this matter constitutes “sexual harassment” under Title IX, CCSD will follow its Title IX Grievance Process. If not, CCSD will follow its usual investigative process.

\_\_\_\_\_\_\_\_ (Initial)

\*\*Reporting Options\*\* Some forms of sexual harassment under CCSD's policy also constitute crimes under Georgia law. Due to state law, some reports may require the District to report the matter to local law enforcement and/or DFCS. However, you are encouraged to report any sex related crime that you believe you have been subjected to by calling 911 or contacting your local law enforcement agency. Individuals with questions about Title IX or its implementation at CCSD should contact the appropriate Title IX Coordinator whose contact information can be found at [web.cobbk12.org/page/49706/title-ix](https://web.cobbk12.org/page/49706/title-ix). Additionally, questions or complaints about CCSD's Title IX implementation may be directed to the United States Department of Education, Office for Civil Rights (OCR). Please check the box below indicating that you understand all reporting options. (Required)

\_\_\_\_\_\_\_\_ (Initial)

\*\*Supportive Measures\*\* In the case of sexual harassment under Title IX, whether a complaint if filed, parties may have the right to certain supportive measures such as a change in class schedule, class assignment, extra-curriculars or a No Contact Order (prohibiting contact between the parties to the greatest extent possible). Academic relief may also be available. Supportive measures are non-punitive and designed to preserve access to District programs. Any supportive measures provided will be confidentially maintained, to the extent that maintaining such confidentiality will not impair the District's ability to provide the supportive measures. (Required)

\_\_\_\_\_\_\_\_ (Initial)

\*\*Anti-Retaliation\*\* CCSD expressly prohibits retaliation against anyone who: 1) in good faith reports what they believe is sexual harassment, 2) participates in any investigation or proceeding under the sexual harassment policy, or 3) opposes conduct that they believe to violate this policy. Retaliation includes intimidation, harassment, threats, or other adverse action or speech against the person who reported the misconduct, the parties, and their witnesses. Retaliatory conduct should be reported to the Title IX Coordinator immediately. (Required)

\_\_\_\_\_\_\_\_ (Initial)

Photos, video, email, and other supporting documents may be attached to this form and submitted to the Title IX Coordinator.