



Title IX Incident and School Investigation Form

DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

School Personnel Completing Form _____ Position _____
 Today's date _____ School _____ Principal _____

Person Who Reported Incident:
 Name _____ Telephone ____-____-____ E-mail _____
 Check the appropriate box:
 _____ Student (victim) _____ Student (witness/bystander) _____ Parent/guardian _____ Close adult relative _____ School staff member _____ Other _____

Name of student victim _____ Student ID# _____ School _____ DOB _____
(If more than one victim, please fill out a form for each victim)
 Accused (if known)

Name	Age	School	Is he/she a student?

Parent Notification:
 Were all parents notified of incident and investigation? _____ yes _____ no
 Date of Notification _____ Method of Notification for each parent (i.e. phone, in person, letter) _____
 Interim Measures:
 Did parents receive written notification that interim measures were available? _____ yes _____ no Date of Notification _____
 What interim measures were implemented? _____

Investigation:
 Were all parties been given the opportunity to provide statements and evidence _____ yes _____ no
 Where did the incident occur? Be specific (i.e., classroom, hallway, cafeteria, playground, bus, etc.) _____
 When did the incident occur? Day: _____ Date: _____ Time: _____
 What happened? (please attach all victim statement(s), accused statement(s), any witness statement(s) and any evidence)

 Has the incident impacted student victim's ability to participate in or benefit from school's programs or activities? If so, please explain how?

 How has the school addressed the incident? (please include any supports given to victim(s), discipline and/or corrective action taken)

To be filled out by Title IX Coordinator/Office of Equity, Advocacy & Civil Rights:
 Were all parties notified in writing as to the findings of the investigation? _____ yes _____ no Date of notification: _____