

SEXUAL HARASSMENT REPORTING FORM

The Clayton County Public Schools (CCPS) prohibits discrimination on the basis of sex in any educational program or activity. If you believe you and/or another individual has been subjected to sexual harassment, please complete this form or submit a letter with the same information.

By filling out this form, you are notifying the CCPS Title IX Coordinator of an initial report of sexual harassment, sexual assault, dating violence, domestic violence, and/or stalking. This is NOT a formal complaint and may not initiate an investigation. Upon receipt of this report, the complainant (the person alleged to have experienced the conduct, whether the individual filling out this form or another individual) will be contacted by the CCPS Title IX Coordinator. The complainant will be presented with information regarding the Title IX processes and the choices available, including supportive measures as appropriate.

An anonymous report can be made by completing this form without sharing reporter's name and contact information. Please note anonymous reports may be difficult to investigate, and depending on the information provided, the District's ability to respond may be limited.

This form <u>does not</u> constitute filing a <u>criminal complaint</u> with the police. To file a report with CCPS Safety and Security, please contact: Captain Ernest Mitchell, (470) 426-4770 or ernest.mitchell@clayton.k12.ga.us.

For additional information or questions, please contact CCPS Title IX Coordinator via the contact information included at the end of this form.

Please write legibly/write on back or attach extra paper if necessary

Name of person making complaint:				
Are you a	Student	Parent/Guardian	CCPS Employee	
Other (c	describe)			
	Cell Phone			
Incident Date/7	Γime, if known:			
Where did the	incident occur?			
	mplainant (the per		rienced the harassing conduct):	
1 65				
No				

If you answered "No", because you are reporting for another person, please name that individual(s) below:

Name(s):
Is this person a School System Employee or Student
Name of person(s) you believe harassed you or another person:
Is this person a:
School System Employee or Student
Please provide a narrative with your description of the information you would like to share. If possible, please include details such as: where, when, who, and what happened. (if written, please use additional sheets, as necessary)
Please list any persons whom we may contact for additional information to support or clarify your report:
Name Address Telephone

Documents: You have the option to provide with this form any supporting documentation relevant to this report.					
Reporter signature	Date				
Report Received by	Date				
Please submit to Clayton County Public School District, phone, fax or in person:	Title IX Coordinator by mail, email,				
Latasha Lowe 1058 Fifth Avenue, Jonesboro, GA 30236 Phone (770) 473-2700, Fax (770) 472-8471 latasha.lowe@clayton.k12.ga.us					

Please Note: This form is not reviewed after business hours or during scheduled holidays or breaks Office Hours: Monday – Friday, 8 a.m. – 5 p.m.