**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**

**Harassment Investigation**

**(To Be Completed by Administrator)**

**Date:**   /  /

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| **Incident Information** |
| **Date of Incident(s):**        | **School:**       |
| **Name of Complainant:**        | **Grade:**       |
| **Name of Respondent:**        | **Grade:**       |

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| **Site Level Summary** (Please attach a separate sheet of paper if necessary, including voluntary statements) |
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| **Was the Complaint Resolved at the Site Level?**  |
| **[ ]** Yes | **[ ]** No |

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| **Title IX Jurisdiction** (For District Title IX Coordinator ONLY) |
| **[ ]** Yes | **[ ]** No |

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| **Supportive Measures** (Check all that apply) |
| **[ ]** Connect Center/Student Support Center  | **[ ]** Class Change | **[ ]** On-site Support**Who**:       |
| **[ ]** No Contact Order | **[ ]** Escort to Class | **[ ]** Outside Agency Referral**Where**:       |

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| **Administrator Completing Form** |
| **Name**:       | **Title**:       |
| **Signature:**       | **Phone:**       |

1. Site Administrator Completes this Form
2. Site Administrator consults with Title IX Coordinator