**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 |

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

|  |  |  |
| --- | --- | --- |
| **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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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