



SCHOOL of EXCELLENCE
in EDUCATION

1826 BASSE RD. ● SAN ANTONIO, TX 78213 ● TEL: 210.431.9881 ● FAX: 210.432.8467

TITLE IX SEXUAL/ETHNIC HARASSMENT FORM: RESPONDENT OR WITNESS

Person Alleged to Have Been Harassed: _____

Respondent/Witness:			School/Department:
Home Address:			Home Phone:
			Date/Time of Incident:
<i>Students:</i>	Grade:	Age:	Parent/Guardian:
<i>Employees:</i>	Position:		Supervisor:

Describe the incident (*Where did it take place? What happened? What did you say and do? What did other people say and do? Include names, verbal statements, and a thorough description of physical contact, if any was involved.*)

List any witnesses who were present: _____

Respondent: If you admit that statements made in the complaint are correct, why did you act the way that you did? If you disagree, please explain. _____

I hereby certify that the information I have provided in these answers is true, correct and complete to the best of my knowledge.

Respondent or Witness's signature

Date

Witnessed by

Date

Attach additional pages as necessary



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