Kansas City, Kansas Public Schools

**Title IX Incident Report**

|  |  |
| --- | --- |
| Name of Person Reporting: |  |
| Phone Number: |  |
| Building/Department: |  |

Complaint received by: STUDENT / PARENT / STAFF / THIRD PARTY

Complainant: STUDENT / STAFF / THIRD PARTY Respondent: STUDENT / STAFF / THIRD PARTY

POTENTIAL CRIME: Y / N POTENTIONAL SEXUAL VIOLENCE: Y / N

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Complaint Received: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| Channel of Complaint (email, phone, other, etc.): | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Complainant: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Student / Staff / Third Party |
| Respondent: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Student / Staff / Third Party |

**Notifications (as applicable)**

* Building SRO: Y / N
* KCKPS Police Department: Y / N
* Department of Children/Family Services: Y / N
* District Officials (e.g. those responsible for carrying out interim measures, investigation supervisors, etc.):\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Detailed Statement of Incident:**

*Click on the active text link below to begin typing your statement. This box will expand as needed to allow your full statement to be typed and included as party of this report form:*

Helpful guidance:

1. Include the date, location, individuals involved – if known – and any other clearly factual information reported to you or observed by you;
2. Note if the complainant has reported or referred the incident to any other district employee or local agency (law enforcement, social service); if so, include the name of that employee or agency in statement.

Click here to enter text

**Priority (Select ONE risk level you believe most likely represents this incident above):**

|  |  |  |
| --- | --- | --- |
|  | Emergent/High Risk | *(In emergent cases of high risk to USD500 Community, individual, or group, dial District Title IX Executive Director, immediately)* |
|  | Urgent/Risk | *(If a question exists regarding the level of risk, consult District Title IX Executive Director, District Title IX Coordinator)* |
|  | Controlled/Low Risk | *(Incident has passed; some concern remains)* |
|  | General Report/No Current Risk | *(Incident is just known, no risk remains)* |

**Interim Measures Considered (Suggested):**

* Is this case appropriate for interim measures: Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_
* Interim measures considered, if any (e.g., no contact order, schedule changes, workplace changes, enhanced security, extracurricular activities, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Plan for notification of parties of interim measures (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Actions Taken (thus far):**

*Click on the active text link below to begin typing in paragraph or bullet format any and all actions that have been taken by you or the complainant. This box will expand as needed to allow you to detail all actions taken in this incident and will be included as part of this report form.*

Click here to enter text

**Initial Assessment of Potential Code of Conduct Offense Types (Student):**

*(Title IX regulatory compliance guidance: Sexual harassment is unwelcome conduct of a sexual nature. Sexual harassment can include unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature.)*

**Select ONE:**

\_\_\_ Bullying – Cyberbullying - 87

\_\_\_ Bullying – Physical - 85

\_\_\_ Bullying –Relational - 88

\_\_\_ Bullying – Verbal - 86

\_\_\_ Defamation - 53

\_\_\_ Extortion - 23

\_\_\_ Harassment: Sexual - 24

\_\_\_ Improper Display of Affection - 3

\_\_\_ Inappropriate Comp/Internet Use - 55

\_\_\_ Indecent Exposure - 54

\_\_\_ Intimidate/Threat Staff/Student - 17

\_\_\_ Kidnapping - 60

\_\_\_ Misuse/Use of Technology Devices - 37

\_\_\_ Non-Conformity to Dress Code - 10

\_\_\_ Non-Violent Sexual Offense - 73

\_\_\_ Physical Assault/Battery - 29

\_\_\_ Sexual Assault - 57

\_\_\_ Sexual Misconduct - 25

\_\_\_ Stalking - 41

\_\_\_ Violation of General School Rules – 93

Comments (Optional):

Click here to enter text

***DISTRICT OFFICE USE ONLY - To be completed by Title IX District Office Staff***

**Non-Title IX Sexual Misconduct Matter**

Determination that allegations DO amount to Title IX sexual misconduct.

Determination that allegations do NOT amount to Title IX sexual misconduct.

Matter referred to (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments (Optional):

Click here to enter text