AC E 2 Nondiscrimination/ Equal Opportunity Reporting Form

This form is where you can report concerns about Academy District 20 students or staff, or other incidents that occurred within Academy District 20's educational programs or activities, that are specific to Title IX/sexual harassment and all forms of discrimination on the basis of a protected class. Please fill out the form to the best of your ability. You may skip any question if you are unable to respond.

REPORTER INFORMATION (person who is completing this form)

Name of Reporter (First and Last Name): _____

Reporter's District Affiliation:

- ☐ Student
- ☐ Guardian/parent
- ☐ Teacher
- ☐ Staff
- ☐ Administrator
- ☐ Other: _____

Reporter's Email: _____

Reporter's Phone Number: _____

COMPLAINANT INFORMATION (impacted party/ alleged victim)

Name of Complainant (First and Last Name): _____

Complainant's District Affiliation: (Radio button)

- ☐ Student
- ☐ Guardian/parent
- ☐ Teacher
- ☐ Staff
- ☐ Administrator
- ☐ Other: _____

Complainant's Grade (if Complainant is a student): _____

Complainant's School/District Location (ex: school site or department): _____

If there is more than one Complainant in this matter, please list their full name(s) and District/school affiliation:

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RESPONDENT INFORMATION (person alleged to have engaged in the reported behavior)

Name of Respondent (First and Last Name): _____

Respondent's District Affiliation:

- ☐ Student
- ☐ Guardian/parent
- ☐ Teacher
- ☐ Staff
- ☐ Administrator
- ☐ Other: _____

Respondent's Grade (if Respondent is a student): _____

Respondent's School/District Location (ex: school site or department):

_____

If there is more than one Respondent in this matter, please list their full name(s) and District/school affiliation:

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ACADEMY DISTRICT 20

WITNESS INFORMATION

Please list any Witnesses in this matter. Please include their full name(s) and District/school affiliation:

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INCIDENT INFORMATION

Please describe a detailed account of the incident(s) including what happened, where it occurred, and who was involved (including possible witnesses). **If more than one person is involved, please state who they are and their specific behavior/involvement.** Please describe any personal, academic, and/or professional impacts this may have had on you.

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Date and time of Incident(s): _____

Did the incident occur on ASD20 property? Circle one: YES NO

If yes, where did the incident occur (building name): _____

If yes, what is the specific location (ex: hallway, classroom, office, etc.):

_____

If no, please identify the specific location:

- ☐ District Travel (i.e. Conference)
- ☐ Online
- ☐ School Athletic Event
- ☐ Student Field Trip
- ☐ Other: _____

EVIDENCE

Please describe any evidence that may support your account of what occurred (ex: text messages, emails, recordings, photos). You may also submit any copies of evidence along with this form or a District representative may contact you to collect this information at a later time.

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OTHER INFORMATION

Please include any other important information that we should know.

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NEXT STEPS

Please check the appropriate box:

- ☐ I am requesting that the District assess this report and address the allegations under the appropriate policy/procedure, including the possibility of addressing this as a formal complaint and requesting that the District investigate the allegations if it is determined by the Compliance Office that the matter rises to a formal investigation. If this complaint is alleging a Title IX violation then it must also be determined that it meets the criteria for a formal complaint under Title IX.
- ☐ I am reporting this information and do not want it to be investigated. Rather, I am submitting this report because I am interested in an informal remedy and/or want this to be on record. I understand that based on the information shared in this form, the District may be required to formally investigate based on federal and state law.
  - ☐ Other:

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_____

By signing my full name below, I certify that the information in this form is accurate and that I am the reporting party.

_____ _____ _____

Full Name Signature Date

Last Revised: **September 21, 2026**