



## Jackson Public School District Report of Title IX Violation

Name \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (Home) \_\_\_\_\_  
\_\_\_\_\_ (Work) \_\_\_\_\_

Place of Employment/School Attending \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Date Reported \_\_\_\_\_

Person(s) to Whom Reported \_\_\_\_\_

Description of Incident or Complaint (Specific Details):

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Response of Supervisor or Principal:

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Action Taken:

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Outcome:

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Date Received in General Counsel's Office: \_\_\_\_\_