

Investigation of Harassment Claim

This form is to be used for investigating a claim of harassment. Upon completion, this information should be submitted immediately to the Title IX Coordinator, in order to activate a thorough and prompt investigation. Information regarding alleged harassment shall be kept confidential to every extent.

Complainant: _____ Title/Grade: _____ Phone: _____

Alleged Harasser: _____ Date of alleged incident(s): _____ Other: _____

Description of relationship of complainant to harasser: _____

Circle if appropriate: *sexual \ racial \ religious \ disability \ bullying \ violence \ harassment \ hazing*

Complaint Statement:

Describe harassment in precise terms. If verbal, ask them to record the entire conversation. If physical, describe the specific conduct and include all detailed information: who, what, when, where and how. State all pertinent facts and any conversations in detail on complaint form.

Investigative notes: _____

Has there been a prior incident regarding this harasser? Yes No Was a complaint filed (List dates) Yes No

Was medical treatment sought? Yes No Tennessean Warning Given? Yes No

List any witnesses that were present.

Witness Statements: Describe who, what, when, where and how. State all pertinent facts and any conversations in detail on witness form.

Investigative notes: _____

Next Steps: _____

Recorded By: _____
Investigative Representative for the Title IX Coordinator

Date: ____/____/____

Received By: _____
Title IX Coordinator / Decision Makers or Appeals Representative

Date: ____/____/____

