



**Investigative Report of
Sexual Harassment Complaint (Student) (STS-F038)**

Complainant

Date _____ Time _____

Name _____ Age _____ Sex _____

Home Phone _____

School _____ Grade _____ Special Education Yes ☐ No ☐

Respondent (Alleged Offender)

Name _____ Age _____ Sex _____

Phone (cell or home) _____

Employee _____ If so, position and worksite: _____

Student _____ If so, School _____ Grade _____ Special Education Yes ☐ No ☐

If Other, describe: _____

Provide a brief summary of the complainant's report.

Actions Taken

If the alleged conduct rises to the level of sexual misconduct/violence at elementary school level, report to DCS, contact the CMCSS Lead Counselor, follow INS-P040 and complete the report of investigation below.

Does the alleged conduct rise to the level of sexual misconduct/violence? See [STS-A007](#) and [STS-P012](#).

Yes ☐ No ☐

If no, proceed to the next section. If yes, when was the complainant's report provided to the SRO?

Date _____ Time _____

Name of SRO _____

During the investigation of a formal complaint, specific circumstances prevented CMCSS from gathering evidence sufficient to reach a determination as to the formal complaint. (Include description of circumstances in narrative.)

Either party may appeal from the dismissal of a formal complaint by submitting a written appeal within 10 days of the date of the dismissal to the Chief of Staff/designee via email at TitleXappeals@cmcss.net or by U.S. mail/hand delivery to attention of Chief of Staff/ designee at 621 Gracey Avenue, Clarksville, Tennessee 37040. An appeal under this process may only be made upon one or more of these bases, which must be stated specifically in the party's appeal:

- Procedural irregularity that affected the outcome of the matter;
- New evidence that was not reasonably available at the time the dismissal was made and such evidence could affect the outcome of the matter; or
- The investigator had a conflict of interest or bias for/against complainants or respondents in general or an individual party in the particular case

Within 5 days of receiving a written appeal under this process the Chief of Staff/designee will give further information about the appellate process to the parties.

Employee Conducting Investigation

Name _____ Title _____

School _____

Signature/Date

Verification - This completed form has been sent to the School Principal (decision maker) and parents/guardians of complainant and respondent and/or complainant and respondent? ☐Yes ☐No

Ensure a completed copy of this form is emailed to the Chief of Staff/designee at TitleXappeals@cmcss.net