**Confidential Report Form**

**For Title IX Concerns**

You can use this form to report concerns about:

* Sexual harassment or sexual assault (Title IX) <https://www.ecfr.gov/current/title-28/chapter-I/part-54>
* Discrimination based on sex, race, color, national origin, disability, or other protected traits
* Retaliation for reporting a concern

**You can remain anonymous** if you choose.
Your report will be kept as private as possible.
Completing this form does *not* mean you’re filing a formal complaint — it just helps us understand the situation.

**Your Information *(Optional)***

* **Your name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Your email or phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may leave this section blank if you want to stay anonymous.

**Who was harmed or affected?**

* Name (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Role: ☐ Student ☐ Staff ☐ Visitor ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

**Who was responsible for the behavior? *(If known)***

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Role: ☐ Student ☐ Staff ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_

 **When did this happen?**

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where did it happen?**

(Location, school, online, etc.):

**What happened?**

(Please describe what you experienced, witnessed, or were told. Be as detailed or brief as you feel comfortable.)

**Do you have any evidence or attachments?**

(Emails, screenshots, photos, etc.)
☐ Yes – I will upload them
☐ No

**Would you like someone to follow up with you?**

☐ Yes
☐ No
☐ Only if needed
☐ I’m not sure

**Need help right away?**

If you or someone else is in immediate danger, please call 911 or The Advocates 208-788-4191.

**Your Privacy Matters**

Your report will be reviewed by the Title IX Coordinator. We will treat your information with care and respect. Submitting this form does not start an official investigation unless you request it.