

Response Checklist for Title IX

| Complainant: Respondent: | | | |
|--|-------------------|--|--|
| Investigator: | | | |
| {Note:Documentation of all actions below is essential} | | | |
| Policies Imp | olicated (List) : | | |

| Date/Response/ Information | Action |
|-------------------------------|---|
| | Date Report/Complaint of allegations received. |
| | Name/Title of person who received Report/Complaint. |
| | Date Report/Complaint received by Title IX coordinator. |
| | Does conduct, if proven, constitute sexual harassment? |
| | Date and description of supportive measures for Complainant (if any). |
| | Date of communication with Complainant to discuss supportive measures |

| | Date of communication with Respondent to discuss supportive measures. | |
|-------------------------------|--|--|
| | Date and description of supportive measures for Respondent (if any) | |
| Date/Response/ Information | Action | |
| | Date formal complaint filed. | |
| | Date notice of formal complaint provided to all parties. | |
| | Date of review of formal complaint allegations (consider reasons for dismissal). | |
| | Date investigation initiated. | |
| | Interview with and statement from Complainant | |
| | Interview(s) with and statement(s) from Complainant's witnesses | |
| | Interview with and statement from Respondent. | |
| | Interview(s) with and statement(s) from Respondent's witnesses. | |
| | Date preliminary investigation report and evidence provided to both parties. | |
| | Date response to preliminary investigation report is due. | |
| | Date response to preliminary investigation report received from Complainant, if any. | |
| | Date response to preliminary investigation report received from Respondent, if any. | |
| | Date final investigation report provided to both parties (must be same time) and Title IX coordinator. | |
| | Date submission of questions from either party is due. | |
| | Date questions received from Complainant, if any. | |
| | Date questions received from Respondent, if any. | |
| | Date responses to questions are due, if applicable. | |
| | Date written determination by decision-maker provided to both parties and Title IX coordinator. | |
| | Deadline for appeal of determination by decision-maker. | |
| | Date disciplinary or corrective action taken. | |