



This form may be completed by any member of the Florida Virtual School (FLVS) community who has experienced or otherwise become aware of an incident that may constitute a violation of the FLVS Sexual Misconduct Policy. Please complete the form to the best of your ability.

Today's Date: _____

Name: _____ **FLVS ID:** _____

Phone Number: _____ **Email:** _____

Preferred Method of Contact: ☐ Phone ☐ E-mail ☐ Text Message ☐ Other: _____

FLVS Affiliation: _____ ☐ Student ☐ Staff ☐ Alumni ☐ Guest ☐ Other

Incident Date: _____ **Incident Time:** _____

Incident Location:

- ☐ VLC Building
- ☐ Off Campus
- ☐ FLVS Sponsored Event
- ☐ Virtual Setting
- ☐ FLVS Virtual Setting: Virtual lesson, chat, email, etc.

Specific Location:

Type of Incident:

- ☐ Discrimination
- ☐ Retaliation
- ☐ Harassment
- ☐ Violence

**Protected Class(es)
Basis for Report:**

- ☐ Sex
- ☐ Gender
- ☐ Gender Identity
- ☐ Gender Expression
- ☐ Sexual Orientation
- ☐ Pregnancy/Parenting
- ☐ Race
- ☐ Color
- ☐ Religion
- ☐ Veteran Status
- ☐ Disability
- ☐ Age
- ☐ Genetic Information
- ☐ Marital Status
- ☐ National Origin

Respondent: _____ **FLVS ID:** _____

FLVS Affiliation: _____ ☐ Student ☐ Staff ☐ Alumni ☐ Guest ☐ Other

Phone Number: _____ **Email:** _____

Preferred Method of Contact: ☐ Phone ☐ E-mail ☐ Text Message ☐ Other: _____

Social Media Accounts: ☐ Facebook ☐ Twitter ☐ Instagram ☐ Snapchat ☐ Tik Tok ☐ YouTube ☐ Other

Witness 1: _____ **FLVS ID:** _____

FLVS Affiliation: _____ ☐ Student ☐ Staff ☐ Alumni ☐ Guest ☐ Other

Phone Number: _____ **Email:** _____

Witness 2: _____ **FLVS ID:** _____

FLVS Affiliation: _____ ☐ Student ☐ Staff ☐ Alumni ☐ Guest ☐ Other

Phone Number: _____ **Email:** _____

Witness 3: _____ **FLVS ID:** _____

FLVS Affiliation: _____ ☐ Student ☐ Staff ☐ Alumni ☐ Guest ☐ Other

Phone Number: _____ **Email:** _____

Incident Narrative (this can be brief; a full statement will be taken by the investigator):

Supportive Measures Requested:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> No Contact Order | <input type="checkbox"/> Victim Advocate Outreach | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Staff Notification | <input type="checkbox"/> Assistance Reporting to Law Enforcement | _____ |
| <input type="checkbox"/> Outside Medical Care | <input type="checkbox"/> Visa/Immigration Information | _____ |
| <input type="checkbox"/> Staff Notification | <input type="checkbox"/> Academic Adjustment | _____ |
| <input type="checkbox"/> Referral to Student Mental Health & Safety Team | <input type="checkbox"/> Academic Withdrawal/LOA | _____ |
| <input type="checkbox"/> Referral to Benefits Department for EAP Program (Staff) | <input type="checkbox"/> Academic Withdrawal (full) | |

Accommodations:

- ☐ I request an interpreter Language: _____
- ☐ I request accommodation(s) for a qualified disability ☐ I do not request accommodation(s) for a qualified disability

Resolution Requested: ☐ No Action ☐ Supportive Measures only ☐ Informal Resolution ☐ Formal Resolution (Investigation and Hearing)

Signature: _____ **Date:** _____

Received By: _____ **Date:** _____

Submit

Please submit the completed form electronically or email to Title IX Coordinator, Jillian Cleek: jcleek@flvs.net.