



TITLE IX MANDATORY REPORT FORM · ALL STAFF

CCG-011-T1

## Title IX 1-Workday Report

*Report of Suspected Sexual Assault, Sexual Battery, or Sexual Harassment  
(BP/AR 5145.7)*

**Any employee** who receives a report of, or personally observes, an incident of alleged sexual harassment, sexual assault, or sexual battery involving a student — as victim, respondent, or witness — must complete and submit this form to the Title IX Coordinator within **ONE WORKDAY**. This applies regardless of whether a formal complaint is filed and is separate from, and in addition to, any EC §48900(n)/§48915(c)(4) discipline referral and any EC §48902 law enforcement notification.

### 1 REPORTING EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Role/Title: \_\_\_\_\_

School Site: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Date/Time Incident Learned of or Observed: \_\_\_\_\_

Time Report Submitted: \_\_\_\_\_ ☐ AM ☐ PM

### 2 STUDENT(S) INVOLVED

Alleged Victim Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Alleged Respondent Name (if known): \_\_\_\_\_

Grade: \_\_\_\_\_

Witnesses (if any): \_\_\_\_\_

### 3 DESCRIPTION OF INCIDENT

Describe what was reported or observed. Be factual and specific. Do not editorialize or draw conclusions about whether the conduct meets a legal definition — that determination is made by the Title IX Coordinator.

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### 4 LOCATION & TIMING OF ALLEGED CONDUCT

Location: ☐ Classroom ☐ Hallway ☐ Restroom ☐ Cafeteria ☐ Bus ☐ Off-Campus/School Activity ☐ Other: \_\_\_\_\_

Date/Time of Alleged Incident (if known): \_\_\_\_\_

### 5 IMMEDIATE ACTIONS TAKEN BY REPORTING EMPLOYEE

☐ Separated the parties ☐ Notified site administrator ☐ Notified school resource officer/law enforcement ☐ Preserved evidence/physical scene ☐ Other: \_\_\_\_\_

## 6 EMPLOYEE CERTIFICATION

I certify that this report is accurate and complete to the best of my knowledge, and that I have submitted it to the Title IX Coordinator within one workday of learning of or observing this incident.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to Title IX Coordinator:** Karen Perez-Waligun, Director of Special Services — 825 N. Lovekin Blvd., Blythe, CA 92225 — (760) 922-4164 x1242 — karen.perez-waligun@pvusd.us



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Judy Browder  
jbrowder@pvusd.us  
(760) 832-2132

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### FOR TITLE IX COORDINATOR USE ONLY

Date Report Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ ☐ AM ☐ PM

Routing Determination: ☐ Meets Title IX definition — proceed under AR 5145.71 ☐ Does not meet Title IX definition — route under BP/AR 1312.3 (Uniform Complaint Procedures)

Emergency Removal Considered? ☐ Yes ☐ No If Yes, individualized safety/risk analysis attached? ☐ Yes ☐ No

Discipline Referral Confirmed (EC §48900(n)/§48915(c)(4), CCG-011)? ☐ Yes ☐ No Referred to: \_\_\_\_\_

Law Enforcement Notified (EC §48902)? ☐ Yes ☐ No ☐ N/A Date: \_\_\_\_\_

IEP/504 Status Checked (AR 5144.2 manifestation review, if applicable)? ☐ Yes ☐ No ☐ N/A

Supportive Measures Offered to Alleged Victim? ☐ Yes ☐ No Description: \_\_\_\_\_

Coordinator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reminder:** This report satisfies the BP/AR 5145.7 Title IX reporting mandate only. It does not substitute for the EC §48900(n) discipline referral, EC §48902 law enforcement notification, or AR 5145.2 manifestation determination process — each must be independently confirmed and documented. See CCG-011-M Master Guide for full sequencing.



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