**Title IX Formal Complaint Instructions**

**Title IX of the Education Amendments Act** is a federal law that prohibits sex discrimination of students and employees of HISD, including sex discrimination, sexual harassment and other sexual misconduct (such as sexual assault, stalking, and dating or domestic violence) in an educational program or activity. The District will take all acts in violation of Title IX very seriously, and the District will make every reasonable effort to handle and respond to every Title IX complaint filed by students or employees in a prompt, fair, thorough, and equitable manner. See also HISD FFH (Local) and DIA (Local).

You may have an advisor of your choice throughout the complaint process. This individual can be a parent, legal guardian, family member, attorney or any other person of your choice, provided the advisor is not an individual directly related to the incident of alleged misconduct or if their presence during the complaint process creates a conflict of interest. If you would like the District to assign an advisor, at no cost, please let us know.

Additionally, there are supportive measures available to you during the formal complaint process. These non-punitive and non-disciplinary supportive measures may include, but are not limited to, modifications to work or course schedules, a leave of absence or increased monitoring of the educational program or work environment.

Enclosed is the HISD Title IX Formal Complaint Guide for your review. The Guide may answer most, if not all, of your questions regarding the Title IX formal complaint process.

**Definitions.**

1. Complainant – An individual who is alleged to be the victim of conduct that could constitute sexual harassment.
2. Respondent – An individual who is reported to have exhibited conduct that could constitute sexual harassment.
3. Witness – An individual who may have observed conduct that could constitute sexual harassment or has knowledge about the incident.

**Instructions:** Complete the attached form, providing as much detail as possible, so that the complaint may be properly investigated. Please provide detailed information that describes the conduct that supports the allegations of sex discrimination, sexual harassment and other sexual misconduct. Please also identify with reasonable particularity the Respondent(s) and any witnesses to the alleged conduct. It is important that you report the facts as accurately as possible and that you cooperate fully with the persons designated to investigate the complaint. As a reminder, the District prohibits knowingly making false statements or knowingly submitting false information during the complaint process. If you are unable to complete this form for any reason, and would like to make a verbal report, please contact the Title IX representative below.

**Preservation of Documents or Other Information:** You are requested to preserve all documents or information that might support the allegations of sex discrimination, sexual harassment or other sexual misconduct. Such evidence may include, but is not limited to:

1. Documents;
2. Electronically communications (ex. text messages, emails, Facebook, Instagram, Snapchat or other social media posts, to the extent that they can be captured or preserved);
3. Photographs;
4. Videos;
5. Audio recordings; and
6. Other documentation that might be helpful or relevant in the investigation.

**Confidentiality:** Although the District cannot commit to keeping a Title IX formal complaint confidential because of the District’s obligation to investigate the complaint, the District will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

**Retaliation prohibited:** Retaliation against an individual who files a formal complaint is strictly prohibited by the District and is grounds for disciplinary action.

**Where to submit:** Please submit this form to:

**Name**

**Mailing Address:**

**Office Address**

**Email Address:**

**Telephone:**

Once you have completed this formal complaint form, the Title IX representative above will contact you shortly thereafter. You may also contact him/her should you have any questions or concerns or if you believe you are experiencing retaliation.

**TITLE IX FORMAL COMPLAINT**

Title IX of the Education Amendments Act is a federal law that prohibits sex discrimination of students and employees of HISD, including sexual harassment and other sexual misconduct (such as sexual assault, stalking, and dating or relationship violence). In compliance with Title IX and other federal laws, HISD does not tolerate sex discrimination, harassment or sexual misconduct against students or employees in educational programs or activities**. If you have experienced sexual discrimination, harassment or other sexual misconduct, the District wants to know so we can take appropriate action. Please complete this form to the best of your ability, and return the form to Title IX representative identified in the instructions. You may also make a verbal complaint to the Title IX representative, if you are unable to complete this form for any reason.**

**NAME**: **DATE:**

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*STREET CITY STATE ZIP CODE*

## 

**HOME/WORK PHONE**: ( ) **CELL PHONE:** ( )

**EMAIL ADDRESS**: **OTHER EMAIL ADDRESS:**

**STATUS:** *(Please check one)*: ☐ CURRENT STUDENT ☐ PARENT/LEGAL GUARDIAN

☐ CURRENT EMPLOYEE ☐ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF STUDENT**: Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

**IF EMPLOYEE:** Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF COMPLAINT (**Check all that apply)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Sex Discrimination ☐ Domestic Violence | ☐ Sexual Harassment  ☐ Dating Violence | ☐ Sexual Assault  ☐ Stalking | ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE LIST THE NAME(S) OF ANYONE, INCLUDING DISTRICT EMPLOYEES, TO WHOM YOU HAVE COMPLAINED ABOUT THE ALLEGED MISCONDUCT:**

Name of person(s), school or department, job title (if apply), education program or activity, describe the complaint and when and where the complaint occurred

# PLEASE DESCRIBE THE INCIDENT OF ALLEGED MISCONDUCT. *Please attach additional pages if necessary*.

Identify the person(s) you believe committed the sex discrimination, harassment or other sexual misconduct (*include name, telephone, address, if known):*

Identify the school or education program or activity:

Describe what happened:

When did it happen?

Where did it happen?

Were there any witnesses to the incident? If so, please list their names, email addresses, telephone numbers and relationship to Complainant, if known

Is this the first incident? ☐ Yes ☐ No If the answer is “No,” please state when, where and how many times the misconduct has happened before: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has there been any efforts to stop the alleged misconduct prior to this complaint? ☐ Yes ☐ No

If the answer is “Yes,” please describe the efforts taken to stop the alleged misconduct or incident, by whom, when and where:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state your desired outcome or remedy in response to this complaint:

Are you aware of any documentation to support the alleged misconduct occurred? ☐ Yes ☐ No

*If the answer the previous questions is “Yes, please describe the document below (including but not limited to notes, letters, reports, photos, emails, text messages, Facebook postings, audio recordings, etc.)*

Are you in possession of the documents describe above, if any? ☐ Yes ☐ No If the answer is “No,” please tell us who possesses the documents

**PLEASE ATTACH DOCUMENTS, IF ANY, THAT YOU BELIEVE SUPPORT YOUR ALLEGATIONS THE ALLEGED MISONDUCT OCCURRED.**

**I certify all statements made in this complaint are true and correct.**

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Complainant Signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed Name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** |
|  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Legal Guardian Signature**  *(if Complainant is a minor)*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed Name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** |
|  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title IX Representative** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Received** |