

FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT
Title IX Formal Complaint Form

PURPOSE: The purpose of this Title IX Formal Complaint Form is to initiate the formal complaint process for claims of Title IX sexual harassment as defined by the Title IX regulations, 34 C.F.R. Part 106. [See FFH (LEGAL)]. This Form only applies to complaints alleging sexual harassment prohibited by Title IX and is intended for use by the alleged victim (“Complainant”). Under federal law, only an alleged victim of sexual harassment who is currently participating or attempting to participate in the District’s education program or activity has the right to use the formal complaint process to initiate an investigation. A parent or legal guardian may sign the Form and act on behalf of a minor during the formal complaint process. Complainants alleging other types of prohibited sex discrimination or not participating/attempting to participate in the District’s programs or activities should refer to other available District grievance procedures (see policies DGBA, FNG, and GF). This Formal Complaint will be processed in accordance with policies FFH (LEGAL and LOCAL) (for student complaints) or DIA (LEGAL and LOCAL) (for employee complaints), as applicable.

INSTRUCTIONS: If you believe you have been the victim of sexual harassment as defined by Title IX, complete this form and submit it by electronic mail, U.S. mail, or hand delivery to the **Title IX Coordinator**, Lindsey Foley, 302 Laurel Dr., Friendswood, TX 77546 or lfoley@fisd12.net

Name of Complainant: _____

Complainant’s Address: _____
Street City/State Zip

Complainant’s Phone #: _____

Complainant’s E-mail Address: _____

School/Office: _____ Grade (if applicable): _____

If you are a parent/legal guardian completing this Form on behalf of a minor Complainant, please provide your contact information:

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

You have the right to be represented by an advisor during the complaint process. The advisor may be, but does not have to be, an attorney. If you will be represented by an advisor, please identify the person and provide the contact information. If unknown at this time, you may provide this information at a later time.

If you are a parent/legal guardian completing this Form on behalf of a minor Complainant, please provide your contact information:

Advisor Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

1. Nature of Grievance: Please describe the facts and circumstances surrounding the action you believe may be sexual harassment in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible (the "Respondent[s]"). Please attach additional sheets, if necessary:

2. Are you participating in or attempting to participate in a District educational program or activity?
(Please circle) Yes No

3. When and where did the actions described above occur? Please provide specific dates, times and locations if possible.

4. Are there any witnesses to this matter?
(Please circle) Yes No
If yes, please identify the witnesses:

5. Did you discuss this matter with any of the witnesses identified in Item 3?
(Please circle) Yes No

If yes, please identify the person(s) to whom you have spoken:

Name	Date	Method of Communication
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Name	Date	Method of Communication
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Name	Date	Method of Communication
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6. Have you spoken to any administrator(s) or other District employee(s) about this matter?
(Please circle) Yes No

If yes, please identify the person(s) to whom you have spoken:

Name	Date	Method of Communication
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Name	Date	Method of Communication
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Name	Date	Method of Communication
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7. Title IX does not require Complainants to attempt to resolve complaints informally before filing a Formal Complaint. Nonetheless, if you have reported these allegations to a District employee, please describe the result of the discussion(s):

8. If you have reported these allegations to another person, please include their name(s) and contact information (if known).

9. Please explain how the alleged harassment has impacted you.

10. Please list any evidence you believe is relevant to your allegations (e.g. audio/video media, online materials, text messages, screen captures, emails, etc.). Please also identify any information in the District's possession that you believe to be relevant to your allegations and would like the District to review (security footage, emails, etc).

11. Please describe the outcome or remedy you seek for this complaint.

PLEASE ATTACH ANY STATEMENTS, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the above information is true and correct:

Complainant Name	Signature	Date
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If Complainant is a minor, Parent/Guardian's Name	Signature	Date
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If this Complaint is being filed by the Title IX Coordinator instead of the Complainant, Title IX Coordinator's Name

Signature

Date

Notice to Complainant: This document is a legal record of the allegations of sexual harassment that you have reported to the District in order to request a formal investigation. Please keep a copy of this completed form and any supporting documentation for your records. Please also review your rights and responsibilities at FFH(LEGAL), which is attached to this form and also available online at <https://pol.tasb.org/Policy/Code/506?filter=FFH>. Any questions or concerns that you may have during this process may be directed to the District's Title IX Coordinator.

If, after reviewing your complaint form, the Title IX Coordinator finds that the allegations are not appropriate for a Title IX sexual harassment formal complaint process but should be investigated by the District under a different policy or procedure, you will be notified and your formal complaint form will be forwarded to the appropriate District personnel in accordance with District policies. [see DIA, FFI, FFH] You have the right to appeal the dismissal of your formal complaint, as explained in Policy FFH(LEGAL) and the District's Title IX formal complaint process.