AUSTIN PUBLIC SCHOOLS
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Reset Form

Title IX:
Formal Complaint Form

To be completed by the Complainant.

I, , am a ☐ student/ ☐ parent/guardian/ ☐ employee at Austin Public Schools.

I am reporting the following instance[s] of sexual harassment (please include the full name of the respondent):

By signing below, I hereby acknowledge the following:

1. I have reviewed and understand Austin Public Schools Policy Number 522, and the accompanying grievance process. I understand the steps of the grievance process.

2. I understand that all parties, including the respondent(s) I have named above, will be notified of the allegations in my complaint, and that the notification will identify me by name as the complainant.

3. I understand that I will be interviewed as part of an investigation, which will be undertaken by a neutral individual other than the Title IX Coordinator. I will be notified of this interview with sufficient time to prepare.

4. I understand that I have the right to an advisor of my choice, and that my advisor may be present at any interviews, meetings, or hearings that I attend.

5. I understand that I will have the opportunity to present witnesses and evidence to the investigator, and that my advisor and I will have the opportunity to review all evidence and respond, in writing, before the investigator completes the investigation report.

6. I understand that my advisor and I will have the opportunity to review and respond to the investigation report in writing, and that our response will be reviewed by a neutral decision-maker, who is neither the Title IX Coordinator nor the investigator, prior to any decision being made.

7. I understand that my advisor will have the opportunity to ask relevant written questions of any other party or witness after the investigation report is completed but prior to any decision being made.

8. I understand that any opportunities made available to me during the grievance process will be made equally available to the respondent(s), including the opportunity to have an advisor and the opportunity to ask relevant written questions of me, prior to any decision being made.

9. I understand that my Complaint must be dismissed if:
   A. The conduct alleged above, even if proven, does not meet the definition of sexual harassment in Policy 522;
   B. The conduct alleged above did not occur in an Austin Public Schools education program or activity; or
   C. The conduct alleged above occurred while I was not in the United States of America.

10. I understand that my Complaint may be dismissed if:
   A. I notify the Title IX Coordinator, in writing, that I would like to withdraw the Complaint.
   B. The respondent named above is no longer enrolled in or employed by Austin Public Schools; or
   C. Specific circumstances prevent Austin Public Schools from gathering evidence sufficient to reach a determination as to the Complaint.

Having reviewed and fully understanding the foregoing, I am hereby asking Austin Public Schools to investigate the allegations of sexual harassment documented above in my formal complaint.

Signature:

Date:

Print Name: