



FABENS INDEPENDENT SCHOOL DISTRICT

EMPLOYEE FORMAL COMPLAINT FORM SEXUAL HARRASSMENT

AS DEFINED BY TITLE IX, IN ACCORDANCE WITH 34 C.F.R. PART 106, AGAINST ONE OR MORE RESPONDEETNS

Instructions for filing out this form: If you believe that you have been the victim of sexual harassment, please fill out this form, sign where indicated below, and submit it by hand delivery, electronic mail, or U.S. mail using the contact information listed for the Title IX Coordinator for employees at DIA(EXHIBIT).

This formal complaint form is intended for use by the alleged victim of Title IX sexual harassment (referred to In Title IX Regulations as the “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 (such as an enrolled student, an employee, or an applicant for employment or admission) has the right to use the formal complaint process to initiate an investigation. The District will process all formal complaints in accordance with FFH(LEGAL) and (LOCAL) and, as applicable, DIA(LEGAL) and (LOCAL).

Please print or type when completing this form:

Name of Complainant: _____

Address: _____

Telephone: _____

Email 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, and attorney. If you will be represented by an attorney or other advisor in representing your complaint, please identify the person and provide the contact information below. If unknown at this time, you may provide this information at a later time.

Name: _____

Address: _____

Telephone: _____

Email Address: _____



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Please list any additional individuals that you intend to bring with you to any meetings or interviews associated with this complaint and provide their contact information below. You may add additional pages or provide this information at a later time.

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Please describe the facts and circumstances of the alleged sexual harassment causing this complaint.

(Give specific, factual details. Attach additional sheets if necessary and indicate below how many additional pages will be attached to ensure complete receipt of your complaint.)

In a Title IX formal complaint process, the person who is alleged to have committed the sexual harassment is called the "respondent." Please provide the name(s) of the person or people you allege to be the respondent(s) responsible for the alleged sexual harassment. If applicable, please include the person's title or position:

When and where did the alleged sexual harassment occur? Please provide specific dates, times, and locations, if possible:



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Please explain how the alleged sexual harassment has impacted you. This could include physical injuries as well as impacts on your ability to access or benefit from the District's education program or activities.

Please provide the names and contact information of anyone who may have witnessed the alleged conduct.

If you have reported these allegations to another person, please state to whom you reported the alleged sexual harassment and provide their contact information (if known).

Title IX does not require complainants to attempt to resolve complaints of sexual harassment informally before filing a formal complaint. Nonetheless, if you have reported these allegations to a District employee, please state when, to whom, and what response you received.

Please list below any evidence that you believe is relevant to your allegations. This could include audio or visual media, physical objects, online materials, text messages, voicemail messages, screen captures, emails, or any other item you are attaching or intend to make available for the purpose of this complaint. If known, 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 (such as emails or security camera footage).



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Please provide any other information that would be helpful for the District in reviewing your allegations.

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

Please provide below your physical or digital signature.

Complainant Name: _____

Signature of Complainant: _____

Date of Filing: _____

If this formal complaint is being signed by the District's Title IX Coordinator instead of a complainant:

Title IX Coordinator Name: _____

Signature of Title IX Coordinator: _____

Date of Filing: _____



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Notice to Complainant: This document is a legal record of the allegations of sexual harassment that you have reported to the District's 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/438?filter=DIA>. Any questions or concerns that you may have this process mat 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 investigating by the District under a different policy or procedure, 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 Title IX formal complaint process.

Location of Incident:				Today's Date:					
Administrator Completing Report:						Title:			
Person reporting alleged Sexually Harassing Conduct (if not Complainant):									
Alleged Complainant's Name:						ID#			
Alleged Respondent's Name:						ID#			
Name(s) of Witness(es) to Alleged Conduct:									
Date(s) of Incident(s):						Times of Incident(s):			
Description and Location of Incident(s) or Event(s):									
Was incident ever reported to, or witnessed by, any other District employees:						YES		NO	
If yes, to whom, when, and what was done:									
Other information, including prior incident or threats:									



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Receiving School Administrator's Signature:		Date:	
Additional comments or notes from receiving administrator:			