

Title IX Reporting Intake Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on sex in educational institutions that receive federal financial assistance. Reports of sexual harassment, sex discrimination, or sex-based harassment can be made at any time, including during non-business hours, via the following:

Chandra Turrentine, Senior Director of Student Services and Title IX Coordinator

Mailing address: 1600 Mustang Rock Road, Fort Worth, TX 76179

Phone: 817-232-0880 extension 2506

Email address: T9Coordinator@ems-isd.net, or;

Let's Talk! (www.emsisd.com>Community>Let's Talk!)

This form is not required to be completed by an individual reporting sex discrimination/sex-based harassment/sexual harassment.

REPORTER INFORMATION:

Reporter Name: _____ (print name)

Email address: _____

Phone Number: _____

Student ID: _____ Campus: _____

Employee ID: _____ Job Title: _____

Employee's School/Office Location: _____

Type of Prohibited Conduct:

Sexual Harassment Sexual Assault Dating Violence

Stalking Retaliation Other _____

Date(s) of Incident(s): _____ Time of Incident(s): _____

Location of incident(s): _____

Have there been continuing actions? _____ If so, when? _____

Alleged Complainant's Information:

Name: _____

School/Department: _____ Job Title: _____

Email: _____ Employee ID: _____

Student ID: _____ Campus: _____ Grade: _____

STUDENT WELFARE
FREEDOM FROM DISCRIMINATION, HARASSMENT, AND RETALIATION

FFH
(EXHIBIT)

Phone Number: _____ Email: _____

2. Name: _____ School/Department: _____

Phone Number: _____ Email: _____

3. Name: _____ School/Department: _____

Phone Number: _____ Email: _____

Did the Reporter or alleged Complainant discuss the incident with any witnesses previously identified?

(Select one) Yes or No

Name: _____ Date: _____

Method of Communication: _____

Please identify any Administrators, District Employees, or Law Enforcement Agency to whom a report has been made or may have witnessed the conduct:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Report taken by: (Please Print Name)

Date:

Signature

Date

Contact Information: _____(Phone)

_____(Email)

Upon completion immediately forward this document and all additional documents, to the Title IX Coordinator at T9Coordinator@ems-isd.net.