Instructions for filling 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 students at FFH (EXHIBIT) or 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 Title IX and the Family Educational Rights and Privacy Act (FERPA), a parent or legal guardian may sign a complaint form and otherwise act on behalf of a minor in the formal complaint process.

If you are not filling this form out as a parent or guardian and you intend to report sexual harassment against another person in the District's education program or activities, please report your concerns to the District's Title IX Coordinator so that the District can take further action. **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 Title IX regulations and Board Policies FFH (LEGAL) and (LOCAL) and, as applicable, DIA (LEGAL) and (LOCAL).

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

Title IX Coordinator Name: _____

Title IX Coordinator Signature: _____

Date of filing: _____

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) for students and DIA (LEGAL and LOCAL) for employees. The applicable policy is attached to this form and also available online at:

FFH Policies: https://pol.tasb.org/PolicyOnline/SearchResults/?key=313&query=FFH

DIA Policies: https://pol.tasb.org/PolicyOnline/SearchResults/?key=313&query=DIA

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, your formal complaint form will be forwarded to the appropriate District personnel in accordance with District policies. [See DIA, FFH] You have the right to appeal the dismissal of your formal complaint, as explained in Policy [See DIA, FFH] and the District's Title IX formal complaint process.

TITLE IX: COMPLAINT FORM

Complainant Last Name:	Complainant First Name:	Telephone:	
Address: (No. and Street):	City:	State: TX	Zip:
Today's Date:	Dates(s) of alleged incident(s):		
Name(s) of person or persons you believe sexually harassed or discriminated against you called the "respondent(s)":			
List any witness name(s) and contact information:			
List where the incident(s) occurred:			
Describe the incident(s) as clearly as possible, including such things as: what force or physical contact, if any, was used, any verbal statements such as threats, requests, demands, etc., what response(s) did you give; attach additional pages if more space is needed:			

SIGNATURES

This complaint was filed based on my honest belief that __ _____ has sexually harassed and/or discriminated against me and I am requesting an investigation. I hereby verify that the information provided in this complaint is true, correct and complete, to the best of my knowledge and belief.

Complainant Name	Complainant's Signature	Date signed
If Complainant is under 18, Parent's Name	Parent's Signature	Date signed
Received by (Name & Title)	Received by Signature	Date signed