

## TITLE IX FORMAL COMPLAINT

Title IX of the Education Amendments Act is a federal law that prohibits sex discrimination of students and employees of Harris County Department of Education (HCDE), including sexual harassment and other sexual misconduct (such as sexual assault, stalking, and dating or relationship violence). In compliance with Title IX and other federal laws, HCDE does not tolerate sex discrimination, harassment or sexual misconduct against students or employees in educational programs or activities. If you have experienced sexual discrimination, harassment or other sexual misconduct, the Department wants to know so we can take appropriate action. Please complete this form to the best of your ability and return the form to HCDE's Title IX Coordinator.

NAME:			DATE:	
STREET		CITY	STATE	ZIP CODE
WORK PHONE: ( )	CELL PHON	E: ()		
WORK EMAIL ADDRESS:_		OTHER	EMAIL ADDRESS:	
STATUS: (Please check one):	☐ CURRENT STUDENT	□ PARENT/	LEGAL GUARDIAN	
	☐ CURRENT EMPLOYEE	□ OTHER: _		
IF STUDENT: Student ID:	School	ol:	Grade:	
<b>IF EMPLOYEE:</b> Employee II	D:	Campus/Division:		
	☐ Dating Violence  E(S) OF ANYONE, INCLUDI E ALLEGED MISCONDUCT:	☐ Stalking  ING DEPARTMENT	EMPLOYEES, TO	O WHOM YOU HAVE
Name of person(s), division, job occurred	o title (if apply), education program	m or activity, describe t	the complaint and whe	n and where the complain

PLEASE DESCRIBE THE INCIDENT OF ALLEGED MISCONDUCT. Please attach additional pages if necessary.  Identify the person(s) you believe committed the sex discrimination, harassment or other sexual misconduct (include name, telephone address, if known):
Identify the school or education program or activity:
Describe what happened:
When did it happen?
Where did it happen?
Were there any witnesses to the incident? If so, please list name of person(s), email address, telephone number and relationship to Complainant, if known:
Is this the first incident?   Yes   No If the answer is "No," please state when, where and how many times the misconduct had happened before:
Has there been any efforts to stop the alleged misconduct prior to this complaint?   Yes   No  If the answer is "Yes," please describe the efforts taken to stop the alleged misconduct or incident, by whom, when and where:
Please state your desired outcome or remedy in response to this complaint:

Are you aware of any documentation to support the	alleged misconduct? □ Yes □ No
If the answer to the previous questions is "Yes, plea photos, emails, text messages, Facebook postings, a	use describe the document below (including but not limited to notes, letters, reports, uudio recordings, etc.)
Are you in possession of the documents described at the documents:	above, if any?   Yes   No If the answer is "No," please tell us who possesses
PLEASE ATTACH DOCUMENTS, IF AN ALLEGED MISONDUCT OCCURRED.	NY, THAT YOU BELIEVE SUPPORT YOUR ALLEGATIONS THE
I certify all statements made in this complaint ar	ra true and correct
	e true and correct.
Complainant Signature	Date
Printed Name	
Parent/Legal Guardian Signature	Date
(if Complainant is a minor)	
Printed Name	
Title IV Coordinator	Dota Racaivad