Title IX Discrimination Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination on the basis of sex in the programs or activities of educational institutions which receive federal financial assistance. When this form has been completed and signed by you, and then signed by the Title IX Coordinator and/or Designee, your complaint has been properly received and noted by the District. We will provide you with a copy of this form as well as complete information about the Title IX complaint process. If you require emergency assistance, please call security at: .

The District investigates complaints by or on behalf of students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.

<table>
<thead>
<tr>
<th>Type of Complaint</th>
<th>Check all that apply (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bullying</td>
<td>□ Cyber bullying</td>
</tr>
<tr>
<td>□ Gender Discrimination</td>
<td>□ Gender Inequity</td>
</tr>
<tr>
<td>□ Sexual Misconduct</td>
<td>□ Stalking</td>
</tr>
</tbody>
</table>

Have you brought this matter to the attention of any person at the District? If so, please list the name(s) of all other persons with whom you have discussed this matter.

هل وجهت انتبهة أي شخص في المقاطعة إلى هذه المسألة؟ إذا كان الأمر كذلك، يرجى ذكر أسماء جميع الأشخاص الآخرين الذين ناقشت معهم هذه المسألة.

I am filing this complaint on behalf of: □ myself □ your child or a (student) □ another student □ a group □ a group □ another group.

<table>
<thead>
<tr>
<th>Name</th>
<th>□ □ □</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Principal’s Name</td>
</tr>
<tr>
<td>Address:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>City:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Employee ID:</td>
</tr>
<tr>
<td>Employee ID:</td>
<td>Student ID:</td>
</tr>
</tbody>
</table>

The District

DALLAS

INDEPENDENT SCHOOL DISTRICT
Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

الشكوى: صف شكواك. يرجى تلخيص أدناه وارفقات صفحات إضافية تصف شكواك إذا لزم الأمر.

List the name of the individuals involved in the incident(s) complained of:

قائمة باسم الأفراد المتورطين في الحادث اشتكى من:

Describe the location where the incident(s) occurred:

وصف الموقع الذي وقع فيه الحادث:

Please list all the date(s) and times when the incident(s) occurred or when the alleged acts first came to your attention:

يرجى سرد جميع التواريخ والأوقات التي وقع فيها الحادث أو عندما وصلت الأفعال المزعومة إلى انتباهكم لأول مرة:

Describe any harm suffered as a result of the incident(s) described above:

وصف أي ضرر قد لحق نتيجة للحادث (الحوادث) المذكورة أعلاه:
Describe the proposed remedy that is being requested:


List any witnesses to the incident(s):

1. Telephone

2. Telephone

3. Telephone

I certify, to the best of my knowledge, the foregoing information is true and correct.

Your signature: ____________________________ Date: _______________

For the Title IX Coordinator and/or Designee

Complaint taken by ____________________________
Signature: ____________________________
Print Name: ____________________________ Date: _______________

[Signature and Name]
[Date]