

EXHIBIT F

Title IX Formal Complaint 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.

If you believe you have been the victim of sexual harassment, **you are not required to complete this form in its entirety; however, provide as much information as possible**, sign where indicated below, and submit it by hand delivery, electronic mail, or U.S. mail using the contact information for the Title IX Coordinator for Students and Employees:

**Dr. Maria Gamell, Executive Director of Human Resources and Title IX Coordinator,
1600 Mustang Rock Road, Fort Worth, Texas 76179;
817-232-0880 extension 2450;
T9Coordinator@ems-isd.net.**

Filing this Formal Complaint will launch an investigation and initiate the District's Title IX Grievance Process.

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/complainant of sexual harassment who is currently participating or attempting to participate in the District's education program or activity, including a student or parent of a student, an employee, or applicant for employment, or the Title IX Coordinator, has the right to use the formal complaint process to initiate an investigation.

A copy of this completed form, as well as information about the District's Title IX Grievance Process will be provided to the Complainant and the Respondent.

- **Complainant:** A student or employee who is alleged to be the victim of sexual harassment.
- **Respondent:** An employee who is alleged to be the perpetrator of sexual harassment.
- **Formal Complaint:** A document filed by a Complainant or signed by the Title IX Coordinator alleging sexual harassment against a Respondent and requesting that the District investigate the allegation.

COMPLAINANT INFORMATION (Please Print):

Name: _____

Campus/Department/Position: _____

EMPLOYEE WELFARE
FREEDOM FROM DISCRIMINATION, HARASSMENT AND RETALIATION

DIA
(EXHIBIT)

Type of Complaint:

Discrimination based on: (Check all that apply)

- Sexual Harassment Sexual Assault
 Dating Violence Stalking Retaliation Other

Date and Location Incident Occurred: _____

Has there been continuing action? _____ If so, when. _____

RESPONDENT INFORMATION: Please list the individual(s) alleged to have engaged in sexual harassment/prohibited conduct:

Name: _____

Campus/Department/Position: _____

Name: _____

Campus/Department/Position: _____

Nature of Complaint: If you have already provided this information, you are not required to complete this page. If you have not provided this information, specifically describe your complaint against the named person(s) in the previous section, including how the person(s) sexually harassed you, assaulted you, or retaliated against you. Please describe the behavior, comments, or incidents that caused you to file your complaint. (Identify: Who, What, When, and Where)

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Please identify any Administrators, District Employees, or Law Enforcement Agency to whom who have reported your concerns:

Reported to (Name) _____ Date: _____

Reported to (Name) _____ Date: _____

Please list below and attach 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 intend to make available for the purpose of this complaint.

If known, please 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).

Informal Resolution Process: Are you interested in the District's voluntary informal resolution process? (Select) **Yes** or **No** (Only available for employee alleging sexual harassment of another employee)

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 review your rights and responsibilities at DIA(LEGAL) and (LOCAL), FFH(LEGAL) and (LOCAL) and DIA(REGULATION), which are attached to this form and also available online at: <https://pol.tasb.org/Policy/Code/1112?filter=DIA>

Any questions or concerns that you may have during this process may be directed to the District's Title IX Coordinator:

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DIA
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If, after reviewing your complaint form, the Title IX Coordinator finds that the allegations are not appropriate for a Title IX sexual harassment 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, FFI, FFH] You have the right to appeal the dismissal of your formal complaint, as explained in the enclosed Policy documents.

Please provide your signature below:

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: _____

Title IX Coordinator Signature: _____

Date of filing: _____

District Case Number: _____