

Title IX Complaint Form

PURPOSE: The purpose of this Title IX grievance form is to gather the essential basic facts of the alleged actions in order that, prompt and equitable resolutions of complaints based on sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX of the Education Amendments of 1972 ("Title IX") can be resolved as expediently and appropriately as possible.

This form only applies to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence).

INSTRUCTIONS: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination.

The district has designated and authorized the following employee as the Title IX Coordinator to address concerns or inquiries regarding discrimination on the basis of sex, including sexual harassment, sexual assault, dating violence, domestic violence, stalking, or gender-based harassment:

Amy Nix, Executive Director of Human Resources
Texarkana ISD Welcome Center
2208 Kennedy Lane, Texarkana, TX 75503
Amy.Nix@txkisd.net, 903.794.TISD (8473)

Reports can be made at any time and by any person, including during non-business hours, by mail, phone, or email. During district business hours, reports may also be made in person. Upon the district receiving notice or an allegation of sex-based harassment, the Title IX Coordinator will promptly respond in accordance with the process described at FFH(LOCAL).

For general concerns regarding discrimination, contact the school executive director:
Melissa Robinett, Executive Director for the Digital Academy of Texas
mrobinett@digitalacademytx.org

For concerns regarding discrimination on the basis of disability, see the Section 504 Coordinator:
Lia Dawson, 504 Coordinator
ldawson@digitalacademytx.org

For all other concerns regarding discrimination, see the superintendent or designee:
Sherri Penix, Chief Innovation Officer
Texarkana ISD Central Administration
4241 Summerhill Road, Texarkana, TX 75503
Sherri.Penix@txkisd.net, 903.794.3651

1. Name of Complainant: _____

Contact information: _____

Home Address City/State/Zip Home Phone

Student Grade: _____

Employee School Office Location: _____

2. Nature of Grievance: Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

3. When did the actions described above occur?

4. Are there any witnesses to this matter? (Please circle) Yes No

If yes, please identify the witnesses:

5. Did you discuss this matter with any of the witnesses identified in Item 4? (Please circle) Yes No

If yes, please identify: Person to whom you have spoken: _____

Date: _____

Method of communication:

6. Have you spoken to any administrator(s) or other District employee(s) about this matter?
(Please circle) Yes No

If yes, please identify: Person to whom you have spoken: _____

Date: _____

Method of communication:

7. Please describe the result of the discussion(s) identified in Item 6:

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

Print Name

Signature

Date