



Title IX Discrimination/Harassment Complaint Form
Statement of Non-Discrimination

The McAllen Independent School District prohibits discrimination, including harassment, against any employee/student on the basis of race, color, religion, sex, gender, national origin, age, disability, or any other basis prohibited by law.

1. Individual filing the report:

Is the alleged victim a student ___ or employee ___ (please check one)

Name of the student victim: _____ Grade: _____ ID#: _____

Name of employee victim: _____ Title: _____

Date(s) of the alleged discrimination/harassment: _____

2. Individual(s) who is/are discriminating/harassing against you:

Is the alleged perpetrator a student ___ or employee ___ (please check one)

Name: _____ Grade: _____ ID#: _____ Campus: _____

Name: _____ Grade: _____ ID#: _____ Campus: _____

Employee Name: _____ Campus/Department: _____

Names of possible witness(es): _____

3. I feel I was subjected to the alleged discrimination/harassment on the basis of:

- Checkboxes for Race, Color, Religion, Gender, National Origin, Disability, Sexual Orientation, Sex, Age, Pregnancy, Sexually Harassed, Dating Violence, Other (specify):

4. Location of the alleged discrimination/harassment (check all that apply):

- Checkboxes for On-School District Property, At a School Sponsored Activity, On a School Bus, Other (specify):

5. (Student Only) - Please describe how the alleged discrimination/harassment affected your ability to participate in or benefit from an educational program or activity...

Check here if the alleged discrimination/harassment does not apply as per question #5.

Blank lines for student response to question 5.

6. **(Employee Only) - Please describe how the alleged discrimination/harassment conduct had the effect of unreasonably interfering with your work performance, creates an intimidating, threatening, hostile, or offensive work environment; or otherwise adversely effected your performance, environment or employment opportunities:**
 Check here if the alleged discrimination/harassment does not apply as per question #6.

7. **Have you reported this matter to anyone on campus? Yes___ No___**

If yes, to whom _____ Date notified _____

8. **Have you reported this matter to McAllen ISD P.D? Yes___ No___ Case # _____**

9. **Describe your complaint as accurately as possible to include any evidence (texts, emails, notes etc.) you have that will support your complaint and if needed add additional information to the back of this form:**

** I attest that all of the information on this complaint is accurate and true to the best of my knowledge. Any intentional misinformation of the facts will subject me to appropriate discipline. I authorize school officials to disclose my information to McAllen ISD P.D in pursuing a possible investigation.

Signature: _____ Date: _____

Received by: _____ Date: _____

Note: Completion of this form will initiate an investigation to determine if the allegations meet the criteria of discrimination/harassment as defined in accordance to McAllen ISD Board Policy FFH or DIA (LOCAL). Please provide a copy to the office of the MISD Title IX Coordinator for Students, Mr. John L. Wilde, Director for Student Support Services.

Student Support Services Only:

Received by: _____ Date & Time: _____

Title IX Coordinator Initial Assessment Response:
