

LYND INDEPENDENT SCHOOL DISTRICT NO. 415

FORMAL COMPLAINT FORM

General Statement of Policy Prohibiting Sexual Harassment

Independent School District No. 415 maintains a firm policy prohibiting all forms of sexual harassment. Harassment against students or employees or groups of students or employees is strictly prohibited. All persons are to be treated with respect and dignity. Sexual harassment by any pupil, teacher, administrator, or other school personnel, which create an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

Describe the incident(s) as clearly as possible, including names(s), date(s), time, location of incident(s), any verbal statements (i.e., threats, requests, demands, etc.), what, if any, physical contact was involved, etc. (Attach additional pages if necessary.) _____

List any witnesses that were present _____

By signing below, I hereby acknowledge the following:

1. I understand that all parties, including the person(s) I have named above, will be notified of the allegations in my complaint, and that the notification will identify me by name as the complainant.
2. I understand that I will be interviewed as part of an investigation, and I will be notified of this interview with sufficient time to prepare.
3. I understand that I have the right to an advisor of my choice, and that my advisor may be present at any interviews, meetings, or hearings that I attend.
4. I understand that I will have the opportunity to present witnesses and evidence to the investigator, and that my advisor and I will have the opportunity to review all evidence and respond, in writing, before the investigator completes the investigation report.

5. I understand that my advisor and I will have the opportunity to review and respond to the investigation report in writing, and that our response will be reviewed by a neutral decision-maker prior to any decision being made.
6. I understand that my Complaint must be dismissed if:
 - a. The conduct alleged above, even if proven, does not meet the definition of sexual harassment in Policy 522; or
 - b. The conduct alleged above did not occur in the Lynd Independent School District #415 education program or activity; or
 - c. The conduct alleged above occurred while I was not in the United States of America.
7. I understand that my Complaint may be dismissed if:
 - a. I notify the Title IX Coordinator, in writing, that I would like to withdraw the Complaint.
 - b. The person named above is no longer enrolled in or employed by the [District]; or
 - c. Specific circumstances prevent the Lynd Independent School District #415 from gathering evidence sufficient to reach a determination as to the Complaint.

This complaint is filed based on my honest belief that _____ has sexually harassed me or another person or group. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Having reviewed and fully understanding the foregoing, I am hereby asking Lynd Independent School District #415 to investigate the allegations of sexual harassment documented above in my formal complaint.

Signature

Date

Print Name