



Title IX Incident Report

This form should be used to report alleged sexual harassment/a violation of Title IX.

We appreciate any contact information you are willing to provide. You are welcome to remain anonymous if desired. If you have any documentation of the incident (e-mails, letters, pictures etc.), please turn those in to our Title IX Coordinator, Jeremy Chilek via email at: chilekjr@lisdeagles.net, or you can upload the documents below. The Title IX office is located in the Lindale ISD Administration Building.

By completing this form, you certify that the following information is accurate to the best of your knowledge. LISD will respond as required by applicable law and policies to this report. However, a formal investigation and initiation of the formal grievance process requires the alleged victim of the claimed sexual harassment to complete a Formal Complaint Form, which is available online. A formal investigation cannot be initiated based on an incident report, but support measures may be offered based on filing this incident report. Please contact the local authorities if you need immediate assistance by dialing 911.

LISD prohibits discrimination, including harassment, against any current student, employee or applicant on the basis of sex or gender. The District is committed to promptly responding to and resolving concerns involving allegations of illegal discrimination, including illegal harassment, in violation of local, state and/or federal civil rights laws and/or regulations.

Who is filling out this form? *

- ☐ **LISD Student**
- ☐ **LISD Staff**
- ☐ **Third Party**

Name (you may stay anonymous if preferred):

Address:

Phone Number:

E-Mail Address:

Name of the individuals(s) involved in the incident and their genders. Please also give specific facts such as whether the individuals are current students, employees, or otherwise.

I am a:

- ☐ **Current Student**
- ☐ **Current Employee**
- ☐ **Applicant for Employment**
- ☐ **None of the above**

Please describe the incident in as much detail as possible, including date and location: *

Witnesses: Please list anyone that you believe could provide information regarding your report. Please include contact information for those individuals if possible:

Did the incident take place on campus or at a district event/activity? Please describe where the incident occurred in as much detail as possible.

Do you want to be contacted regarding this matter/report?

- ☐ Yes
- ☐ No

Is there any specific action you would like to request that LISD take in response to this report?

Do you have any documents related to the incident?

- ☐ Yes
- ☐ No

Please keep record of any documents or additional sources of information that would aid an investigation of this complaint (i.e. text messages, emails, photos, recordings) and attach copies of same to this complaint and provide to the Title IX Coordinator.

I warrant that all of the information provided herein above is true and correct. *

- ☐ Yes, I agree