



## Title IX Formal Complaint Form

This form should be completed if you would like to file a formal complaint regarding an incident of dating violence, domestic violence, gender-based harassment, retaliation, sex discrimination, sexual assault, sexual harassment, or stalking (collectively "Sexual Harassment") and want to request that LISD investigate your allegations. Only a complainant (which is the alleged victim of conduct that allegedly constitutes Sexual Harassment) may file a formal complaint. Others wishing to report alleged sexual harassment must fill out a separate reporting form, called an Incident Report.

If you have any problems or questions, contact the Title IX Coordinator:

Jeremy Chilek, Title IX Coordinator  
Compliance Officer, Human Resources  
LISD Administration Bldg. 505 Pierce St. Lindale, TX 75771  
Telephone: 903-881-4000 Office  
Email: [chilekjr@lisdeagles.net](mailto:chilekjr@lisdeagles.net)

**COMPLAINANT'S INFORMATION (Note: You cannot be a formal complainant anonymously. If you wish to remain anonymous, you must complete a separate reporting form called an Incident Report.)**

Date: \_\_\_\_\_ A#: \_\_\_\_\_ (if student)

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Are you a current employee or student of LISD? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please state whether you are a student or employee \_\_\_\_\_ Student \_\_\_\_\_ Employee

If NO, are you an applicant to LISD as a student or employee? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of person you are complaining about: \_\_\_\_\_

Is the person you are complaining about a current LISD student or employee? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please state whether he/she is a student or employee \_\_\_\_\_ Student \_\_\_\_\_ Employee

If NO, state his/her relationship to LISD, if any. \_\_\_\_\_

When did the conduct you are complaining of occur? Please be specific as to date(s).

Where did the conduct you are complaining of occur? Please be specific as to exact location(s), and please indicate if the event took place on any LISD campus or at a LISD event/activity.

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Please list in specific detail the incident and/or alleged harassment that you are complaining of.

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List the names and contact information of any witnesses to the incident and/or alleged conduct complained of.

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List 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.

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I hereby affirm and attest that the information herein is true and correct and that I am the alleged victim of the conduct complained of herein. I understand that making materially false statements in bad faith may result in disciplinary action against me. By signing below, I hereby request that LISD formally investigate this complaint. NOTE: You must sign below in order for LISD to initiate a formal investigation.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature