

**TEXARKANA ARKANSAS SCHOOL DISTRICT**  
**Title IX Complaint Form**

**I. Contact Information:**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

**II. Complainant:**

You are filing this complaint on behalf of: \_\_\_\_\_

\_\_\_\_\_ yourself \_\_\_\_\_ your child or a (student) \_\_\_\_\_ another student \_\_\_\_\_ a group

**III. School Information:**

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

Principal's name: \_\_\_\_\_

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

**IV: Basis of Discrimination or Harassment:**

Please check the following box(s), based on the type(s) of harassment you experienced, including actual or perceived: Complaints related to:

\_\_\_\_\_ Sexual orientation

\_\_\_\_\_ Gender

\_\_\_\_\_ Ethnicity

\_\_\_\_\_ Race

\_\_\_\_\_ National origin

\_\_\_\_\_ Religion

\_\_\_\_\_ Color

\_\_\_\_\_ Ancestry

\_\_\_\_\_ Mental or physical disability

\_\_\_\_\_ Age

\_\_\_\_\_ Association with any of the categories

\_\_\_\_\_ Sexual Harassment

\_\_\_\_\_ Sex (Title IX)

**VIII:** List any **witnesses** of the incident:

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**IX:** Describe the **location where** the harassment/discrimination occurred:

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**X:** Please list **all the date(s) and times** when the harassment/discrimination occurred or when the alleged harassment/discrimination first came to your attention:

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**XI:** **What steps**, if any, have you taken to resolve this issue before filing a complaint?

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**V. Please identify all staff members to whom you have reported your concerns:**

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**VI: Details of Complaint:**

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space. Please **describe** the type of harassment or discrimination that you experienced, including the events or actions, in as much detail as possible.

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**VII: List the people involved in harassing or discriminating against you:**

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**XII: Corrective Action Desired:**

How you would like the District to resolve your complaint? Attach additional sheet if needed.

Signature of person filing complaint

Date

Received by:

Date:

Title:

**Please provide a duplicate copy to the complainant**