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Exhibit A—School-Based Stay Away Agreement

The intent of this agreement is to increase safety for students who have been the target of severe or repeated discrimination, harassment, and retaliation. It is to be administered by the principal or designee in a conference with the offending student and his or her parent.

Name of student (*print*): _____

Date of most serious incident: _____

Description of behaviors involved in incident: _____

Date of assessment by principal or designee: _____

Date of parent notification: _____

In order to protect the rights and safety of all members of our school community, you are required to stay away from (*insert name of targeted student*) at all times during the school day and at any school-sponsored event. This means that you may not approach, talk to, sit by, or have any contact with (*insert name of targeted student*) at school or on school property, school buses, and bus stops.

In addition, the following actions are effective immediately (*list schedule changes*), other disciplinary and or restitution-related actions.

Current Schedule	New Schedule

STUDENT WELFARE
FREEDOM FROM DISCRIMINATION, HARASSMENT, AND RETALIATION

FFH
(EXHIBIT)

Other disciplinary actions: _____

Violations of this agreement and acts of retaliation directly or indirectly toward the target or the target's friends or family members will be taken seriously and will result in further disciplinary actions. Your compliance will be monitored by *(insert name and title of school staff)*.

Agreement is valid from _____ (date) to _____ (date).

This agreement will be reviewed on _____ (date).

Signatures:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Administrator: _____ Date: _____

cc: Principal
Assistant Principal
Counselor
SRO

Exhibit B—Instructions for Student Discrimination, Harassment, and Retaliation Complaint Form

A school counselor or administrator who receives a report of discrimination, harassment, and retaliation, which includes bullying, sexual harassment, or dating violence, will address the following issues with the student who was the target of the reported behaviors in a private meeting before assisting the student to complete the complaint form.

Your Right to File a Complaint

The policy of the Austin Independent School District is that all students and employees be free from discrimination, harassment, and retaliation, which includes bullying and sexual harassment, including violence in students' relationships. All charges of discrimination, harassment, and retaliation are to be taken seriously by students, faculty, staff, administration, and parents. The District will make every reasonable effort to handle and respond to every charge and complaint filed by students and employees in a fair, thorough, and just manner. Every reasonable effort will be made to protect the due-process rights of all victims and all alleged offenders.

Instructions: Use this form to report discrimination, harassment, and retaliation so that school officials may investigate and take appropriate steps to increase your safety.

Complete the form, providing as much detailed information as possible so that the complaint may be properly investigated.

It is important that you report the facts as accurately and completely as possible and that you cooperate fully with the persons designated to investigate the complaint.

Where to file: Complaint forms will be available from any school counselor or administrator. Once completed, the principal or designee will handle all complaints.

Confidentiality: To conduct this investigation in a confidential manner, the school will disclose the contents of your complaint only to those persons who have a need to know of your complaint. In signing the complaint form, you authorize the school to disclose as needed the information you have provided, and may in the future provide, regarding your complaint. Your complaint form will not be shown to the accused student.

Retaliation prohibited: Retaliation against a person who files a formal complaint is strictly prohibited and is grounds for disciplinary action, including, but not limited to, detention, Saturday school, community service, and the like. [See the Student Code of Conduct]

Exhibit C—Student Complaint Form: Discrimination, Harassment, and Retaliation

Name (*print*): _____

Student ID: _____

School: _____

Grade: _____

Date: _____

Time: _____

Please answer the following questions about the most serious incident.

List the name of the student(s) accused of discrimination, harassment, and retaliation, including bullying, sexual harassment, or dating violence:

Relationship between you and the accused student:

Describe the incident:

Where and when did it happen?

Were there any witnesses?

Yes

No

If yes, who?

Is this the first incident?

Yes

No

If no, how many times has it happened before? _____

Other information, including previous incidents or threats:

STUDENT WELFARE
FREEDOM FROM DISCRIMINATION, HARASSMENT, AND RETALIATION

FFH
(EXHIBIT)

Student or parent declines to complete this form

Initial: _____ Date: _____

I certify that all statements made in the complaint are true and complete. Any intentional mis-statement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation.

Signature of student: _____ Date: _____

Signature of school official receiving complaint: _____ Date: _____

Signature of school official conducting follow-up: _____ Date: _____

Notes of actions taken: _____

Additional information from student or staff:

Date	Documentation / Follow-up	Signature of Student / Staff

Exhibit D

The District designates the following person to coordinate its efforts to comply with Title IX of the Education Amendments of 1972, as amended, for students:

Name: Beverly E. Reeves
Position: Ombudsman and Title IX Coordinator
Address: 1111 W. 6th Street, Austin, TX 78703
Telephone: (512) 414-9882

The District designates the following person to coordinate its efforts to comply with Title II of the Americans with Disabilities Act of 1990, as amended, which incorporates and expands upon the requirements of Section 504 of the Rehabilitation Act of 1973, as amended, for students:

Name: Leandra Treviño
Position: 504 Coordinator
Address: 1111 W. 6th Street, Austin, TX 78703
Telephone: (512) 414-6646