

STUDENT WELFARE
FREEDOM FROM DISCRIMINATION, HARASSMENT, AND RETALIATION

FFH
(EXHIBIT)

The following exhibits are used by the District:

Exhibit A: School-Based Stay Away Agreement — 2 pages

Exhibit B: Student Complaint Form (Bullying; Sexual Harassment; Dating Violence) —
3 pages

Exhibit C: Title IX and ADA/Section 504 Coordinators — 1 page

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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 (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

AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT COMPLAINT FORM
BULLYING, SEXUAL HARASSMENT, DATING VIOLENCE
COMPLAINT FORM INSTRUCTIONS

A counselor or administrator who receives a report of 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 Austin ISD is that all students and employees be free from bullying and sexual harassment, including violence in students' relationships. All charges of bullying, sexual harassment, and dating violence are to be taken very serious 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 bullying, sexual harassment, and dating violence 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 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, etc. [See the Student Code of Conduct]

AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT COMPLAINT FORM
BULLYING, SEXUAL HARASSMENT, DATING VIOLENCE

Name: _____ Student ID: _____

Grade: _____ Date: _____ Time: _____ School: _____

Please answer the following questions about the most serious incident:

- List the name of the student(s) accused of 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 or parent declines to complete this form: _____ Initial and date.

I certify that all statements made in the complaint are true and complete. Any intentional misstatement 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

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Date	Documentation/Follow-up	Signature of Student/Staff

EXHIBIT C

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: Rachel Robillard, PhD, LSSP
Position: 504 Coordinator
Address: 1111 W. 6th Street, Austin, TX 78703
Telephone: (512) 414-6645