

EMPLOYEE WELFARE  
FREEDOM FROM DISCRIMINATION, HARASSMENT, AND RETALIATION

DIA  
(EXHIBIT)

The forms on the following pages are provided to assist the District in processing employee complaints/grievances.

- Exhibit A: District Title IX and ADA/Section 504 Coordinators — 1 page
- Exhibit B: Employee Report of Prohibited Conduct Form — 2 pages
- Exhibit C: District's Response to Report of Prohibited Conduct – 1 page
- Exhibit D: Complainant's Appeal to the Investigation's Outcome – 1 page
- Exhibit E: District's Response to Complainant's Appeal — 1 page



Brownsville ISD  
031901

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EXHIBIT A

TITLE IX AND ADA/SECTION 504 COORDINATORS

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

Position: Assistant Superintendent for Human Resources

Address: 1900 Price Road, Brownsville, TX 78521

Telephone: (956) 548-8000

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:

Position: Administrator for Certified Personnel

Address: 1900 Price Road, Brownsville, TX 78521

Telephone: (956) 548-8000



EXHIBIT B

EMPLOYEE REPORT OF PROHIBITED CONDUCT

To file a report of prohibited conduct, please fill out this form completely and submit it by hand delivery, fax, or U.S. Mail to the appropriate administrator within the time established in DIA(LOCAL). All reports of prohibited conduct will be submitted to the assistant superintendent for human resources in accordance with DIA(LOCAL) or any exceptions outlined therein.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: (\_\_\_\_)\_\_\_\_\_

3. Position: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

4. If you will be represented during your reporting of prohibited conduct, please identify the person representing you.

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

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

\_\_\_\_\_

Telephone number: (\_\_\_\_)\_\_\_\_\_

5. Please describe the prohibited conduct or circumstances causing your report of prohibited conduct (give specific factual details):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What was the date of the prohibited conduct or circumstances causing your complaint?

\_\_\_\_\_

7. Please explain how you have been harmed by the prohibited conduct or circumstance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts:

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With whom did you communicate?

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On what date? \_\_\_\_\_

9. Please describe the outcome or remedy you seek for this complaint:

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Employee signature: \_\_\_\_\_

Signature of employee's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

*Complainant, please note:*

*A complaint form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.*

*Attach to this form any documents you believe will support the report of prohibited conduct; if unavailable when you submit this form, supporting material may be presented no later than the conclusion of the investigation. Please keep a copy of the completed form and any supporting documentation for your records.*

EXHIBIT C

DISTRICT'S RESPONSE TO REPORT OF PROHIBITED CONDUCT

\_\_\_\_\_ (date)  
\_\_\_\_\_ (name of complainant)  
\_\_\_\_\_ (address of complainant)  
\_\_\_\_\_

Dear \_\_\_\_\_:

Introduction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Findings

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conclusion

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(signature of supervisor, principal, or other appropriate administrator)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary forms are available at \_\_\_\_\_ during regular business hours.



EXHIBIT D

COMPLAINANT'S APPEAL TO THE INVESTIGATION'S OUTCOME

To appeal the investigation's outcome, please fill out this form completely and submit it by hand delivery, fax, or U.S. Mail to the Superintendent or designee within the time established in DGBA(LOCAL). Appeals will be heard in accordance with DGBA(LOCAL) or any exceptions outlined therein.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone number: (\_\_\_\_) \_\_\_\_\_

3. Position: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

4. If you will be represented during your reporting of prohibited conduct, please identify the person representing you.

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

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

\_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Date you received a response to your report of prohibited conduct: \_\_\_\_\_

5. Please explain specifically how you disagree with the investigation outcome:

\_\_\_\_\_

\_\_\_\_\_

6. Attach a copy of your original Report of Prohibited Conduct to any documentation submitted.

7. Attach a copy of the Investigation Report Response being appealed, if applicable.

Employee signature: \_\_\_\_\_

Signature of employee's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_



EXHIBIT E

DISTRICT'S RESPONSE TO COMPLAINANT'S APPEAL

\_\_\_\_\_(date)  
\_\_\_\_\_(name of complainant)  
\_\_\_\_\_(address of complainant)  
\_\_\_\_\_

Dear \_\_\_\_\_:

Having considered the appeal you presented on \_\_\_\_\_ (date),  
I have decided on the following response:

Introduction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Findings

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conclusion

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*(signature of supervisor, principal, or other appropriate administrator)*