

Alief Independent School District

Date
Completed

Title IX Incident Reporting Form

This form should be completed and submitted as soon as possible after learning of an incident that may violate the Title IX Policy. If you have questions about completing this form, please contact the office of Student Services at 281-498-8110, extension 29323.

Please answer all questions as thoroughly as possible. If you do not know an answer to a question, please type "Unknown". If a question may not apply, type "N/A".

Background Information:

Date of incident (Required): _____ Time of incident: _____

Your full name: _____

Your Campus: _____

Your phone number: _____

Your e-mail address: _____

Your home address: _____

Specific location of
incident (Required):
Limit of 250 characters

Involved Parties:

Please list the name of the individuals involved in this incident, including as many of the listed fields as you can provide. Be sure to include anyone connected to this incident or that has been contacted regarding this incident. "**Complainant**" refers to the individual for whom the action was directed towards, and "**Respondent**" refers to the individual allegedly engaging in the behavior/policy violation.

Name: _____ Select role: _____
(See above)

Campus : _____

Phone number: _____ ID number: _____

Full e-mail address: _____

Witnesses: _____

Questions:

Please provide a detailed description of the incident/concern using specific, concise, objective language (Who, what, where, when, why, and how). (Required)

Have you shared this information with other supervisors? If so, please provide details. If no information has been shared, please indicate so. (Required)

Supporting Documentation:

Please e-mail to Jackie.Armwood@aliefisd.net. If you have any pictures or other documentation, please attach it to the e-mail as well.

If you have any questions, please contact Student Services at (281) 498-8110, extension 29323.