

EXHIBIT D

Title IX Reporting Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on sex in educational institutions that receive federal financial assistance. Reports of sexual harassment can be made at any time, including during non-business hours, via the following:

Dr. Maria Gamell, Executive Director of Human Resources and Title IX Coordinator
mail: 1600 Mustang Rock Road, Fort Worth, TX 76179;
phone: 817-232-0880
email: T9Coordinator@ems-isd.net, or
Let's Talk! (www.emsisd.com >Community>Let's Talk!)

This form is not required to be completed by an individual reporting sexual harassment.

REPORTER INFORMATION:

Reporter Name: _____

Email: _____

Phone Number: _____

Campus/Department: _____ Position: _____

Type of Prohibited Conduct:

- Sexual Harassment Sexual Assault Dating Violence
 Stalking Retaliation Other _____

Date Incident Occurred: _____

Have there been continuing actions? _____ If so, when? _____

Alleged Victim's Information:

Name: _____

Campus/Department: _____ Position: _____

Email: _____

Alleged Respondent's Information (individual alleged to have engaged in sexual harassment/prohibited conduct):

Name: _____

Campus/Department: _____ Position: _____

Email: _____

Were there any witnesses to this matter? (Please circle) Yes No

If yes, please list those who witnessed the incident(s) or have knowledge of the incident. Please attach additional names if needed.

Name: _____ Campus/Department: _____

Phone Number: _____ Email: _____

Name: _____ Campus/Department: _____

Phone Number: _____ Email: _____

Name: _____ Campus/Department: _____

Phone Number: _____ Email: _____

Did the reporter discuss the incident with any witnesses previously identified?

(Please circle) Yes No

Name: _____ Date: _____

Method of Communication: _____

Please identify any Administrators, District Employees, or Law Enforcement Agency to whom a report has been made:

Reported to (Name): _____ Date: _____

Describe how concerns were reported: _____

Reported to (Name): _____ Date: _____

Describe how concerns were reported: _____

Report taken by: (Please Print Name) _____ Date: _____

Signature _____ Date _____

[Name]
[Address]
[Phone]
[Email]

Immediately forward this document to the Title IX Coordinator at T9Coordinator@ems-isd.net.