The following exhibits are used by the District:

- **Exhibit A**: School-Based Stay-Away Agreement — 2 pages
- **Exhibit B**: Student Complaint Form (Bullying, Prohibited Harassment including Sexual Harassment, and Dating Violence) — 3 pages
- **Exhibit C**: Title IX Coordinator and ADA/Section 504 Coordinator — 1 page
Plano ISD
043910
STUDENT WELFARE
FREEDOM FROM DISCRIMINATION, HARASSMENT, AND RETALIATION
FFH(EXHIBIT)

EXHIBIT A

PLANO INDEPENDENT SCHOOL DISTRICT
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 bullying, or prohibited harassment including sexual harassment, and dating violence. It is to be administered by the principal or the principal’s designee in a conference with the student and his or her parent.

Name of student: ________________________________________________________________

Date of most serious incident: ____________________________________________________

Description of behaviors involved in incident: ________________________________________

______________________________________________________________________________

______________________________________________________________________________

Date and description of any additional incidents: ______________________________________

______________________________________________________________________________

______________________________________________________________________________

Date of assessment by principal or designee: _________________________________________

Date of parent notification: _______________________________________________________

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

In addition, the following actions are effective today, ________________________________. (list schedule changes), other disciplinary and/or restitutionary actions are effective on _________.

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DATE ISSUED: 8/11/2020
1 of 2
FFH(EXHIBIT)
Plano ISD
043910
STUDENT WELFARE
FREEDOM FROM DISCRIMINATION, HARASSMENT, AND RETALIATION
FFH(EXHIBIT)

Current Schedule | New Schedule
________________ | ____________________
________________ | ____________________
________________ | ____________________
________________ | ____________________

Locker change: __________________________________________

Lunch: ___________________________________________________

Extracurricular activities: ___________________________________

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. Such actions may 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 (monthly/annually), beginning on ______________________.

Signatures:

Student: _______________________________________________ Date: __________________

Parent/Guardian: ______________________________________ Date: __________________

Administrator: ________________________________________ Date: __________________

cc: Principal
    Assistant Principal
    Counselor

DATE ISSUED: 8/11/2020
2 of 2
FFH(EXHIBIT)
A counselor or administrator who receives a report of bullying, prohibited harassment including sexual harassment, and 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 District is that all students and employees be free from bullying and prohibited harassment, including sexual harassment, and violence in students’ relationships. All charges of bullying or prohibited harassment including sexual harassment and dating violence are to be taken very 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 bullying, prohibited harassment including 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, unless required by law.

**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, or any other disciplinary action appropriate under the Student Code of Conduct.
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, prohibited harassment including sexual harassment, or dating violence: ______________________________________________
- Relationship between you and the accused student: ____________________________________
- Describe the incident: ______________________________________________________________
- Describe any previous incidents between you and the accused student. __________________________________________________________
- Where and when did it happen? ____________________________________________________
- Were there any witnesses? ☐ yes ☐ no If yes, who? ______________________________________
- 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 parent/guardian: ____________________________ Date: __________________
Signature of school official receiving complaint: ______________________ Date: ______________
Signature of school official conducting follow-up: _____________________ Date: ______________
Notes of actions taken: ______________________________________________________________

DATE ISSUED: 8/11/2020
2 of 3
FFH(EXHIBIT)
Additional information from student or staff

Date: _______________________________
Documentation/Follow-up: ___________________________________________________
Signature of Student/Staff: _____________________________________________________
Parent Notified (Y/N): _______________________________________________________

Date: _______________________________
Documentation/Follow-up: ___________________________________________________
Signature of Student/Staff: _____________________________________________________
Parent Notified (Y/N): _______________________________________________________

Date: _______________________________
Documentation/Follow-up: ___________________________________________________
Signature of Student/Staff: _____________________________________________________
Parent Notified (Y/N): _______________________________________________________

Date: _______________________________
Documentation/Follow-up: ___________________________________________________
Signature of Student/Staff: _____________________________________________________
Parent Notified (Y/N): _______________________________________________________

DATE ISSUED: 8/11/2020
Title IX Coordinator

The District designates and authorizes the following person as the Title IX coordinator to be responsible for coordinating the District’s efforts to comply with Title IX of the Education Amendments of 1972, as amended, for students:

Name: Dr. Jennifer Miley
Position: Executive Director for Student, Family and Community Services
Address: 2700 West 15th Street, Plano, TX 75075
Email: Title IX coordinator (jennifer.miley@pisd.edu)
Telephone: (469) 752-8945

ADA/Section 504 Coordinator

The District designates and authorizes the following person as the ADA/Section 504 coordinator to be responsible for coordinating the District’s 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: Kimmie Conlon
Position: Director of Multi-tiered Systems of Support and Section 504
Address: 1517 Avenue H, Plano, TX 75074
Email: ADA/Section 504 coordinator (kimmie.conlon@pisd.edu)
Telephone: (469) 752-5580