

Plano ISD
043910
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, Prohibited Harassment including Sexual Harassment, and Dating Violence) — 4 pages

[Exhibit C:](#) Title IX Coordinator and ADA/Section 504 Coordinator — 1 page

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 _____.

Current Schedule

New Schedule

Current Schedule	New Schedule
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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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

EXHIBIT B

PLANO INDEPENDENT SCHOOL DISTRICT
STUDENT COMPLAINT FORM
BULLYING, PROHIBITED HARASSMENT INCLUDING SEXUAL HARASSMENT, AND DATING VIOLENCE
COMPLAINT FORM INSTRUCTIONS

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.

PLANO INDEPENDENT SCHOOL DISTRICT
 STUDENT COMPLAINT FORM
 BULLYING, PROHIBITED HARASSMENT INCLUDING
 SEXUAL HARASSMENT AND DATING VIOLENCE

Name: _____ Student ID: _____

Grade: _____ Today's Date: _____ Today's Time: _____ School: _____

Incident Locations:

<input type="checkbox"/> Athletics	<input type="checkbox"/> Classroom	<input type="checkbox"/> Bus stop	<input type="checkbox"/> Social Media
<input type="checkbox"/> Locker Room	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bus	<input type="checkbox"/> Texting
<input type="checkbox"/> Gym/PE	<input type="checkbox"/> Restroom	<input type="checkbox"/> To/From School	<input type="checkbox"/> Outside of School:
<input type="checkbox"/> Playground	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> School Event/Travel	<input type="checkbox"/> Other:

Type of Complaint/Allegation:

<input type="checkbox"/> Bullying	<input type="checkbox"/> Harassment-Sexual Orientation	<input type="checkbox"/> Harassment-Religion
<input type="checkbox"/> Cyberbullying	<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Harassment-Color/Race
<input type="checkbox"/> Harassment-Sex/Gender	<input type="checkbox"/> Harassment-Disability	

Student Information:

Student(s)	First Name	Last Name	Grade	Campus	Concerns
Targeted Student/Victim					<input type="checkbox"/> Damage to property <input type="checkbox"/> Fear of retaliation <input type="checkbox"/> Personal Safety <input type="checkbox"/> Other
Student(s)	First Name	Last Name	Grade	Campus	Relationship to victim
Perpetrator Student(s)					
Perpetrator Student(s)					
Perpetrator Student(s)					
Perpetrator Student(s)					
Perpetrator Student(s)					

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Where and when did it happen? _____

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: _____

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EXHIBIT C

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: Brian Lyons
Position: Director of Diversity, Equity and Inclusion
Address: 2700 West 15th Street, Plano, TX 75075
Email: [Title IX coordinator](mailto:brian.lyons@pisd.edu) (brian.lyons@pisd.edu)
Telephone: (469) 752-8910

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](mailto:kimmie.conlon@pisd.edu) (kimmie.conlon@pisd.edu)
Telephone: (469) 752-5580