

Report of Sexual Violence Complaint (Form 1A):

This report must be forwarded to the Title IX Coordinator



Complainant: _____
Print Name

Respondent: _____
Print Name

Date of Incident(s): _____
(MM/DD/YEAR)

Date Report Made: _____
(MM/DD/YEAR)

Individual Receiving Report: _____
Print Name Signature

Report of Sexual Violence – Please explain the incident you are reporting. Attach additional pages or documents if needed and any evidence supporting the report. Please note that this shall be used by the College as the basis of a sexual violence investigation and hearing.

Notice of Sexual Violence Complaint (Form 1B):



Respondent: _____

Respondent College Email Address: _____

Respondent Physical Address: _____

Notice Sent By Title IX Coordinator: _____

Print Name

Title IX Coordinator Email Address

Title IX Coordinator Telephone Number

Date Email Notice Sent: _____

(MM/DD/YEAR)

Date CMRRR Notice Sent: _____

(MM/DD/YEAR)

CMRRR: _____

Certified Mail Return Receipt Request No.

Hearing Date & Time: _____ **at** _____

(MM/DD/YEAR)

(Central Time)

Location: Training and Development Center Board Room,

5000 Research Forest Drive

The Woodlands, Texas, 77381-4356

Please carefully review the attached policy, procedures, and complaint.

This Notice of Sexual Violence is being sent to the above-named Respondent who has been accused of committing an act of sexual violence. I, the Title IX Coordinator, have tentatively scheduled the hearing for the place, date, and time specified above. If you are unable to make this hearing date and time, please let me know as soon as possible so we can convene with all parties involved to determine whether we can reschedule the hearing.

Notice of Sexual Violence Complaint Hearing (Form 1C):



Complainant: _____

Complainant's College Email Address: _____

Complainant's Physical Address: _____

Notice Sent By Title IX Coordinator: _____

Print Name

Title IX Coordinator Email Address

Title IX Coordinator Telephone Number

Date Email Notice Sent: _____
(MM/DD/YEAR)

Date CMRRR Notice Sent: _____
(MM/DD/YEAR)

CMRRR: _____
Certified Mail Return Receipt Request No.

Hearing Date & Time: _____ **at** _____
(MM/DD/YEAR) (Central Time)

Location: Training and Development Center Board Room,
5000 Research Forest Drive
The Woodlands, Texas, 77381-4356

Please carefully review the attached policy, procedures, and complaint.

This Notice of Sexual Violence Hearing is being sent to the above-named Complainant to provide him/her notice of the date, time and location of the sexual violence hearing. I, the Title IX Coordinator, have tentatively scheduled the Hearing Date for the place, date, and time specified above. If you are unable to make this hearing date and time, please let me know as soon as possible so we can convene with all parties involved to determine whether we can reschedule the hearing.

If you would like to request separate rooms for you and the respondent during the hearing, please let me know as soon as possible. I cannot guarantee separate rooms but every effort will be made to accommodate this request.

Sexual Violence Complaint Hearing Result (Form 1D):

To be completed by the Hearing Officer.



Complainant: _____

Respondent: _____

Title IX Coordinator: _____

Hearing Officer: _____

Hearing Date(s): _____

Complaint Summary:

I find that, by a preponderance of evidence, sexual violence:

DID OCCUR DID NOT OCCUR

I recommend the following:

Chancellor Stephen C. Head will receive a copy of this recommendation. His decision will be final.

Hearing Officer Printed Name / Title

Date

Hearing Officer Signature

Report of Sexual Harassment (Excluding Sexual Violence) Complaint (Form 2A):

This report must be forwarded to the Title IX Coordinator.

A copy of this complaint will be provided to the Respondent.

Does Complainant request anonymity: Yes No

*If yes, please review LSC Board Policy VI.F.1.03(d) – Confidentiality

Complainant: _____
Print Name (unless requesting anonymity)

Respondent: _____
Print Name

Date of Incident(s): _____
(MM/DD/YEAR)

Date Report Made: _____
(MM/DD/YEAR)

Individual Receiving Report: _____
Print Name

Signature



Report of Sexual Harassment – Please explain the incident you are reporting. Attach additional pages or documents if needed and any evidence supporting the report. Please note that this shall be used by the College as the basis for the investigation.

Notice of Sexual Harassment (Excluding Sexual Violence) Complaint (Form 2B):

Respondent (name): _____

Respondent College Email Address: _____

Respondent Phone Number: _____

Respondent Physical Address: _____

Date Complaint Reported: _____



Title IX Coordinator: Print Name: _____ Email Address: _____ Phone Number: _____
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Title IX Coordinator designee (optional): Print Name: _____ Email Address: _____ Phone Number: _____
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Date Email Notice Sent: _____
(MM/DD/YEAR)

Date CMRRR Notice Sent: _____
(MM/DD/YEAR)

CMRRR: _____
Certified Mail Return Receipt Request No.

I, the Title IX Coordinator, received a complaint regarding a possible Title IX violation that you may or may not have committed. Either myself or the above-named designee shall investigate the complaint. The complaint alleges that

Please carefully review the attached policy, procedures, and complaint. You are expected to cooperate fully with the investigation and be responsive to my or my designee’s inquiries. You have five working days to respond to me in writing to the complaint. You may do so by responding to the email sent to your College account. Please attach any relevant documents or evidence. The College takes these matters seriously, and we want to assure you that the College will address this complaint promptly. Please be advised that the College will not tolerate any form of retaliation toward the Complainant. If you believe you know who the possible Complainant is, you are advised to not have any contact with him or her. Throughout the investigation and resolution process, each party has the right to choose and consult with an advisor. The advisor may be any person, including an attorney, who is not otherwise a party or witness involved in the investigation. Your advisor may accompany you for your meeting with myself or my designee to provide support and advice. If you would like to bring an advisor, please do so. Please notify me if any of your contact information is incorrect and update your MyLoneStar accordingly.

Sexual Harassment (Excluding Sexual Violence) Complaint Investigative Result (Form 2C):

Complainant: _____

Respondent: _____

Title IX Coordinator: _____

Title IX Coordinator designee (optional): _____



Complaint Summary:

I find that, by a preponderance of evidence, sexual harassment (excluding sexual violence):

DID OCCUR DID NOT OCCUR

I recommend the following:

Chancellor Stephen C. Head will receive a copy of this recommendation. His decision will be final.

Hearing Officer Printed Name / Title

Date

Hearing Officer Signature

Report of Third Party Sexual Harassment Complaint (Form 3A):

*This report must be forwarded to the Title IX Coordinator.
A copy of this complaint will be provided to the respondent.*



Does Complainant request anonymity: Yes No

*If yes, please review LSC Board Policy VI.F.1.03(d) – Confidentiality

Complainant: _____
Print Name (unless requesting anonymity)

**Third Party
Respondent:** _____
Print Name

Date of Incident(s): _____
(MM/DD/YEAR)

Date Report Made: _____
(MM/DD/YEAR)

Individual Receiving Report: _____
Print Name Signature

Report of Third Party Sexual Harassment – Please explain the incident you are reporting. Attach additional pages or documents if needed and any evidence supporting the report. Please note that this shall be used by the College as the basis for the investigation.

Notice of Third Party Sexual Harassment Complaint (Form 3B):

Respondent (name): _____

Respondent Email Address: _____

Respondent Phone Number: _____

Respondent Physical Address: _____

Date Complaint Reported: _____

Date Email Notice Sent: _____
(MM/DD/YEAR)

Date Response Is Due: _____
(MM/DD/YEAR)

Date CMRRR Notice Sent: _____
(MM/DD/YEAR)

CMRRR: _____
Certified Mail Return Receipt Request No.

The College received a complaint regarding a possible Title IX violation that you may or may not have committed. The complaint and the College's policy and procedures are attached to this notice. If you are notified by the Office of the General Counsel that interim steps have been taken, you are to abide by those until resolution of the complaint or as otherwise stated.

Please carefully review the College's policy and procedures for third party sexual harassment complaints. You have five working days to respond to me in writing to the complaint. You may do so by responding to the email sent to your email account. Please attach any relevant documents or evidence. Once your response is received, or should have been received, the Office of the General Counsel will be conducting an investigation.

The College takes these matters seriously, and we want to assure you that the College will address this complaint promptly. Please be advised that the College will not tolerate any form of retaliation toward the Complainant. If you believe you know who the possible Complainant is, you are advised to not have any contact with him or her.



Third Party Sexual Harassment Complaint Investigative Result (Form 3C):

Complainant: _____

Third Party Respondent: _____

Date Complaint Reported: _____
(MM/DD/YEAR)

Date Response Submitted: _____
(MM/DD/YEAR)



Complaint Summary:

I find that, by a preponderance of evidence, sexual harassment:

DID OCCUR DID NOT OCCUR

I recommend the following:

Chancellor Stephen C. Head will receive a copy of this recommendation. His decision will be final.

Hearing Officer Printed Name / Title

Date

Hearing Officer Signature