



EL PASO INDEPENDENT  
SCHOOL DISTRICT

Education Center  
6531 Boeing Dr  
El Paso, TX 79925  
Phone (915) 230-2856  
[www.episd.org](http://www.episd.org)

**El Paso Independent School District  
Sexual Harassment Report Intake Form  
(Policy FFI & FFH)**

Campus: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Administrator Completing Report: \_\_\_\_\_ Title: \_\_\_\_\_

Person Reporting Alleged Sexually Harassing Conduct (if not Complainant): \_\_\_\_\_

Alleged Complainant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

Alleged Respondent's Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

Name(s) of Witness(es) to Alleged Conduct: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Incident(s): \_\_\_\_\_ Time of Incident(s): \_\_\_\_\_

Location of Incident(s): \_\_\_\_\_

Description of Incident(s) or Event(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was Incident ever reported to, or witnessed by, any other District employees? ☐ Yes ☐ No

If yes, to whom, when, and what was done: \_\_\_\_\_

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Other information, including prior incidents or threats:

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Receiving School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments or notes from receiving administrator: \_\_\_\_\_

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Upon completion forward immediately, with any additional documents, to the Title IX Coordinator.