INDEPENDENT SCHOOL DISTRICT NO. 831 HARASSMENT AND VIOLENCE REPORT FORM

Reports can be made anonymously if you don't want to identify yourself. However, it would be helpful if you did provide your name so that we can clarify details for our investigation.

General Statement of Policy Prohibiting Harassment and Violence

Independent School District No. 831 maintains a firm policy prohibiting all forms of discrimination. Harassment or violence against students or employees or groups of students or employees on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, or disability is strictly prohibited. All persons are to be treated with respect and dignity. Harassment or violence on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, or disability by any pupil, teacher, administrator, or other school personnel, which create an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

| Complainant | |
|---|--|
| Home Address | _ |
| Work Address | |
| Home Phone | Work Phone |
| Date of Alleged Incident(s)_ | |
| _ | t/Violence - circle as appropriate: race \ color \ creed \ religion \ national status \ familial status \ status with regard to public assistance \ sexual |
| Name of person you believe | harassed or was violent toward you or another person or group. |
| • | violence was toward another person or group, identify that person or |
| any verbal statements (i.e., involved; etc. (Attach addit | learly as possible, including such things as: what force, if any, was used; threats, requests, demands, etc.); what, if any, physical contact was ional pages if necessary.) |
| Where and when did the inc | ident(s) occur? |
| | present |

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| This complaint is filed based on my honest belief that has harass been violent to me or to another person or group. I hereby certify that the information I have in this complaint is true, correct, and complete to the best of my knowledge and belief. | |
|---|--------|
| (Complainant Signature) | (Date) |
| Received by | (Date) |