

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 405.7.6.4P Adopted August 1993 Revised November 2016

Title **Follow-Up Report on Complaint of Harassment, Discrimination,
Violence or Hazing**

To: Human Rights Officer:
Director of Human Resources (concerns relating to *personnel* conduct)
Director of Elementary Education (concerns relating to *student* conduct, grades K-5)
Director of Secondary Education (concerns relating to *student* conduct, grades 6-12)
Director of Special Education (concerns relating to a *student's disability*, including their rights under Section 504)

From: _____, Principal/Designee/other (circle one)
_____, _____
Position School

Date: _____

Subject: Fifteen-Day Follow-Up Report on Complaint of Harassment, Discrimination, Violence or Hazing

Approximately 15 days ago I completed the investigation of a complaint based on (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> race | <input type="checkbox"/> national origin | <input type="checkbox"/> marital status |
| <input type="checkbox"/> religion | <input type="checkbox"/> sex | <input type="checkbox"/> creed |
| <input type="checkbox"/> sexual orientation | <input type="checkbox"/> age | <input type="checkbox"/> disability |
| <input type="checkbox"/> color | <input type="checkbox"/> hazing (of a student) | <input type="checkbox"/> familial status |
| <input type="checkbox"/> status with regard to public assistance | <input type="checkbox"/> genetic information | |
| <input type="checkbox"/> membership or activity in a local human rights commission | | |

harassment, discrimination, violence or hazing from _____
(student/district personnel) in which I found that the complaint was substantiated.
(circle one)

I have checked with the complainant to determine if the harassment, discrimination, violence or hazing has ceased or if it continues. He or she reports that it has:

_____ ceased _____ continues

I would also like to inform you that _____

Signature of Investigator **X** _____ Date _____

Signature of Complainant **X** _____ Date _____