



# HARASSMENT, VIOLENCE, DISCRIMINATION OR BULLYING REPORT FORM

Robbinsdale Area Schools Independent District 281 prohibits harassment, violence, discrimination and bullying in all forms, including on the basis of a person’s actual or perceived race, color, creed, religion, national origin, sex/gender (including harassment based on gender identity and expression), marital status, disability, status with regard to public assistance, sexual orientation, age, family care leave status or veteran status. If you or someone you know has experienced harassment, violence, discrimination, or bullying at school or at any school-related event for *any* reason, you may make a report to have the incident(s) investigated by the District. Any student, parent/guardian, or district employee may complete this form and return it to any administrator, counselor, or student services advocate. Alternatively, you may make a verbal or other written report to an administrator, counselor, or student services advocate. Any district employee who receives a completed report form or any other written or verbal report will immediately notify the school principal or Title IX/Equity Coordinator of the report, who will designate the person to investigate and resolve the report pursuant to the District’s policies and federal and state laws.

**The District will not disclose the identity of any individual who makes a report, except to the District personnel designated to investigate the report or as required by law. Retaliation against any individual who makes a report or who participates or assists in an investigation of harassment, violence, discrimination, or bullying is strictly prohibited.**

*Please provide as much information as possible. All requested information is optional.  
Please continue on the back of this page or on additional sheets if necessary.*

## 1. Preliminary Information

Date of Report: \_\_\_\_\_ Name of Person Making Report: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

I am a (check one):

\_\_\_ Employee (Position/School or Site \_\_\_\_\_ )

\_\_\_ Other (List: \_\_\_\_\_ )

## 2. Report Information

Please provide the name(s) of all persons (including yourself, if applicable) who were the target of the discrimination, harassment or bullying:

\_\_\_\_\_  
\_\_\_\_\_

Please provide the name(s) and/or descriptions of all individuals (students, school employees, school visitors, or others) who engaged or participated in the alleged discrimination, harassment, or bullying (if known):

\_\_\_\_\_  
\_\_\_\_\_

Description of incident (continue on the back of this sheet or on additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may submit this form online at: [www.rdale.org/complaintform](http://www.rdale.org/complaintform)