

Leavenworth USD #453
Sexual, Racial, Religious, Disability Harassment and Violence
Report Form

Leavenworth USD #453 maintains a firm policy prohibiting all forms of discrimination. Religious, racial, disability, or sexual harassment or violence against students or employees is discrimination. All people are to be treated with respect and dignity. Sexual violence, sexual advances or other forms of religious, racial or sexual harassment 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) _____

Circle as appropriate: sexual racial religious disability

Name of person you believe harassed or was violent toward you or another person:

Describe the incident(s) on the back of this document.

This complaint is filed based on my honest belief that _____
has harassed or been violent to me or to another person. I hereby certify that the
information I have provided in this complaint is true, correct and complete to the best
of my knowledge and belief.

Complainant Signature

Date

Received by

Date

Sexual, Racial, Disability or Religious Harassment and Violence **Report Form (Page 2)**

Description of the incident(s) as clearly as possible, including such things as: what force, if any, were used, any verbal statements or non communications (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved, etc. (Attached additional pages if necessary.)

List any witnesses (and their addresses, phone numbers, and occupations, if known) who were present: