

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating, developing, and inspiring our students for lifelong success

Series Number 405.7.6.4P Adopted August 1993 Revised July 2023

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

To: Human Rights Officer:
Director of Human Resources (*employee or nonstudent* conduct)
Director of Elementary Education (*student* conduct, grades K-5)
Director of Secondary Education (*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 harassment, discrimination, violence or hazing complaint based on (check all that apply):

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

in which I found that the complaint was substantiated.

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

I would also like to inform you that _____

Signature of Investigator **X** _____ Date _____

Signature of Complainant **X** _____ Date _____