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2		RICHFIELD PUBLIC SCHOOLS	
3			
4		ADMINISTRATIVE GUIDELINES	
5	HARASSMENT PROHIBITION POLICY		
6 7	HARASSMENT PROHIBITION POLICT		
8			
9	The attache	ed forms are to be used in the implementation of Board Policy 103:	
10	Harassment Prohibition. The first page is for notification of the district's policy.		
11	The second page is a form that may be used to report an incident. The third		
12	page is an ir	ntake form that may be used by the appropriate administrator.	
13			
14			
15	Dated:	January 18, 1994	
16	Revised:	December 7, 1999; March 17, 2003; August 18, 2014; January 19, 2024; Contambour C, 2022	
17	Deviewed	2021; September 6, 2022	
18 19	Reviewed:	January 22, 2002; April 18, 2005; June 17, 2008; August 16, 2021; September 5, 2023	
19 20		September 5, 2025	
20 21			
<u>~ 1</u>			

1 2 3		***ATTENTION*** DISTRICT 280 POLICIES AGAINST HARASSMENT, VIOLENCE AND BULLYING
4 5 6 7 8	1.	Everyone at District 280 has a right to feel respected and safe. Consequently, we want you to know about our policies to prohibit harassment, violence and bullying based upon any kind of legally protected classification.
9 10 11 12 13 14 15 16 17 18 19 20	2.	 A harasser may be a student or an adult. Harassment may include the following when related to race, color, creed, religion, national origin, sex, age, familial status, marital status, status with regard to public assistance, disability, sexual orientation, gender identity or expression, or any other class protected under the law: a. name calling, jokes or rumors; b. pulling on clothing c. graffiti; d. notes or cartoons; e. unwelcome touching of a person or clothing f. offensive or graphic posters or book covers; or g. any words or actions that make you feel uncomfortable, embarrass you, hurt your feelings or make you feel bad.
21 22 23 24 25	3.	If any words or actions make you feel uncomfortable or fearful, you need to tell a teacher, counselor, the principal or the Human Rights Officer and Title IX Coordinator, Craig Holje.
26 27 28	4.	You may also make a written report. It should be given to a teacher, counselor, the principal or the Human Rights Officer/Title IX Coordinator.
28 29 30	5.	Your right to privacy will be respected as much as possible.
31 32 33	6.	We take seriously all reports of harassment, violence or bullying and will take all appropriate actions based on your report.
34 35	7.	The School District will also take action if anyone tries to intimidate you or take action to harm you because you have reported.
36 37 38 39 40	8.	This is a summary of the School District policies against harassment, violence, and bullying. Complete policies are available in the district office upon request or on the district website: www.richfieldschools.org
41	HA	RASSMENT, VIOLENCE, AND BULLYING AGAINST A PROTECTED CLASS ARE
42 43		AGAINST THE LAW. DISCRIMINATION IS AGAINST THE LAW.
44		
45 46		CONTACT: CRAIG HOLJE HUMAN RIGHTS OFFICER/TITLE IX COORDINATOR
47		$401\ 70^{\text{TH}}$ STREET W (DOOR #26)
48		RICHFIELD, MN 55423
49 50		PHONE: 612-798-6031
50 51		
52		RICHFIELD PUBLIC SCHOOLS – ISD #280
53		HARASSMENT, VIOLENCE AND BULLYING REPORT FORM

1 2	General Statement of Policies Prohibiting Harassment, Violence, and Bullying					
2 3 4 5 6 7 8 9 10 11 12	Richfield Public Schools prohibits harassment, violence, discrimination and bullying in all forms, including but not limited to that which occurs on the basis of a person's actual or perceived race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, gender identity or expression, disability, or any class protected under the law. If you or someone you know has experienced harassment, violence, discrimination, or bullying at school or at any school-related event for any reason, please complete this reporting form 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.					
12 13 14 15	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.					
15 16 17	<u>1. Preliminary Information</u> Date of Report:					
18	Name of Person Making Report:					
19	Name of Person Making Report: Daytime Phone Email					
20 21 22	2. Description of Incident: Date of Alleged Incident(s)					
23 24 25 26	Please provide the name(s) of all persons (including yourself, if applicable) who were the target of the harassment, discrimination, violence or bullying:					
27 28 29 30 31	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):					
32 33 34	Where and when did the incident(s) occur (please be specific)?					
35 36 37	List any witnesses who were present.					
38 39 40	Detailed Description of Incident (Attach additional pages if necessary.)					
41 42 43						
44 45 46 47	By signing below, I am stating that all of the information I have provided is true, accurate, and complete to the best of my knowledge:					
47 48 49 50	Complaint Signature Date					
50 51 52	Received by Date					

	Section 100 School District	
1		RICHF
2		HARAS
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RICHFIELD PUBLIC SCHOOL - I.S.D. #280 HARASSMENT, VIOLENCE AND BULLYING		
INVESTIGATION INTAKE AND REPORT FORM		
(To be completed by appropriate administrator)		
1. Investigation Summary		
Date of Intake Review		
Name & Title of Person Conducting Review	V:	
2. Initial Category of Claim		
Harassment (Non-sexual)	School Related	
Violence	Outside of School Only	
Discrimination (Not on the basis of sex) Electronic Communica		
		Sexual Harassment or Sex Discr
2 Action(a) Decommended (sheet, all that	annly	
3. Action(s) Recommended (check all that	<u>appiy</u> Defer to Outside Ageney	
Formal Investigation	Refer to Outside Agency Agency Name:	
Keier to Student Services	Agency Name:	
Monitor	Officer/Title IV Coerdinater	
Report to District Human Rights Contact Parent/Guardian	Unicer/Title IX Coordinator	
Other:		
Reason for determination of action recomm	iendea:	
4. Formal Investigation Summary:		
Please provide the name(s) of all persons i	nterviewed as part of the investigation	
Detailed Dependence of Incident (Attack or		
Detailed Description of Incident (Attach add	ditional pages if necessary.)	
Final Action Taken (Attach additional pages	s if necessary.)	
	, <u> </u>	