

**WEST FARGO PUBLIC SCHOOLS HARASSMENT/DISCRIMINATION COMPLAINT FORM**

Complainant \_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Other \_\_\_\_\_ If other, please specify \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School Attending/Employed At \_\_\_\_\_ Work Phone \_\_\_\_\_

Specific Date(s) Of Alleged Incident(s) \_\_\_\_\_

Name Of Person(s) You Believe Harassed You \_\_\_\_\_

List Any Witnesses That Were Present \_\_\_\_\_

Where Did The Incident(s) Occur? \_\_\_\_\_

Describe the incident(s) as clearly as possible including such things as threats, requests, demands, offensive language, or intimidation. Also describe the severity of the incident(s) as well as the number of times it (they) occurred. (Attach additional pages if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are requesting that specific action be taken, please describe that action:  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENTS**

I understand the following:

1. I have the right to be free of retaliation for filing this grievance. I agree to report any conduct that I believe is motivated by retaliation for filing this complaint. I understand, however, that if this statement contains accusations that I know are false, I may be subject to disciplinary action within the district and/or external legal action from those I have falsely accused.
2. West Fargo Public Schools will try to protect my identity from public exposure. The respondent, however, will be given a copy of this grievance in order to have an opportunity to respond to it.
3. I may have the right to file a complaint with civil rights agencies or to file legal actions in a court of law.
4. I understand that the investigating personnel are advocates for neither the grievant nor the respondent. Their responsibility is to investigate complaints from a neutral position to determine whether violations of the district's discrimination and harassment policy have occurred.

This complaint is filed based on my honest belief that \_\_\_\_\_ has harassed me. 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. **I have read and understand the statements made in this acknowledgement section.**

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Action Taken

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

**West Fargo Public Schools acknowledges your right at any time to file a discrimination complaint with: U.S. Department of Education, Office for Civil Rights, Chicago Office, John C. Kluczynski Federal Building, 230 S. Dearborn St., 37th Floor, Chicago, IL, 60604**