



HUMAN RESOURCES DEPARTMENT

651-351-8340

www.stillwaterschools.org

1875 South Greeley Street
Stillwater, MN 55082



REPORT FORM RELIGIOUS, RACIAL OR SEXUAL HARASSMENT OR VIOLENCE , OR HAZING

Independent School District 834 maintains a firm policy prohibiting all forms of discrimination. Religious, racial or sexual harassment, and religious, racial or sexual violence against students or employees, is discrimination. Hazing endangers students who wish to affiliate with student organizations. All persons are to be treated with respect and dignity. Sexual violence, sexual advances or other forms of religious, racial or sexual harassment or hazing 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: RELIGIOUS \ RACIAL \ SEXUAL \ HAZING

Name of person(s) you believe hazed, harassed, or was/were violent toward you or another person: _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary):

Where and when did the incident(s) occur? List any witnesses who were present:

This complaint is filed based on my honest belief that _____ has hazed, harassed or has 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