

**Stevens Point Area Public School District
Discrimination/Harassment Complaint Form**

Directions: Submit completed form to the Building Administrator or Title IX Coordinator (Building Administrators shall forward all forms identifying discrimination or harassment to the Title IX Coordinator)

Complainant Name:	
Home Address:	
Home Phone:	
Date of Alleged Incident:	
Where did the alleged incident occur?	
What time of day did the alleged incident occur?	AM / PM

What type of discrimination/harassment occurred? *(Indicate all that apply)*

- Sex (Including gender status, change of sex, or gender identity) discrimination/harassment
- Sexual harassment
- Sexual Orientation discrimination/harassment
- Race discrimination/harassment
- Religious/creed discrimination/harassment
- National Origin/ancestry discrimination/harassment
- Disability discrimination/harassment
- Marital status discrimination/harassment
- Parental status/discrimination/harassment
- Pregnancy discrimination/harassment

Name of the person you believe discriminated/harassed you or another person: _____

If the alleged discrimination/harassment was toward another person, identify that person: _____

Describe the incident 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. **Attach additional pages as necessary.*

What was your reaction to the discrimination/harassment? _____

Did anyone witness the discrimination/harassment?

- Yes If so, name the witness(es): _____
- No

Are you aware of any documentation or photographs of the discrimination/harassment (i.e. emails, texts, social media, screenshots, pictures, etc.)? Yes / No **Please attach evidence.*

Signature: _____

Date: _____

Title IX Coordinators:

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