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

Series Number **503.4.2P** Adopted **August 2006** Revised **February 2025**

Title **Report of Alleged Harassment, Discrimination, Violence or Hazing**

District 196 prohibits all forms of illegal harassment, discrimination--including sex discrimination under Title IX--or violence based on sex, race, religion, color, creed, national origin, marital status, familial status, disability, status with regard to public assistance, sexual orientation, gender identity, membership or activity in a local human rights commission, age or genetic information.* Engaging in this kind of conduct against students, District 196 personnel or other persons is discrimination and a violation of U.S. law and the Minnesota Human Rights Act. The school district also prohibits hazing of a student. All persons are to be treated with respect and dignity. Harassment, discrimination, violence or hazing by any person will not be tolerated under any circumstances.

Complainant name (please print)_____

Home address _____

Work address _____

Home phone (_____) _____- Work phone (_____) _____

Date(s) of alleged incident(s): _____

Alleged incident(s) was/were based on (check as appropriate):

□ sex	□ national origin	□ gender identity
□ race	□ marital status	□ age
□ religion	□ familial status	□ genetic information
□ color	□ disability	□ status with regard to public assistance
□ creed	□ sexual orientation	□ membership or activity in a local human Commission

Name of person you believe harassed, discriminated, or was violent toward you or another person, or hazed you or another person: _____

_____

If the alleged harassment, discrimination, violence or hazing was toward another person, identify that person: __

_____

List any witnesses who were present: _____

_____

Where and when did the incident(s) occur? _____

_____

_____

_____

_____

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.); and what, if any, physical contact was involved, etc. (Attach additional pages if necessary.)

_____

_____

_____

This complaint is filed based on my honest belief that _____ has harassed, discriminated, or has been violent to me or to another person, or has been involved in hazing me or 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.

Signature of Complainant **X**_____ Date _____

Received by _____ Date _____

- If the report relates to student conduct, this report must be submitted to the principal, counselor, psychologist, teacher or the appropriate Human Rights Officer which is:
    - For grades K-5: Director of Elementary Education or
    - For grades 6-12: Director of Secondary Education.
- If the report relates to adult conduct, this report must be submitted to the principal, counselor, psychologist, teacher or the appropriate Human Rights Officer which is the Director of Human Resources.
- If the report relates to the disability of a student, including their rights under Section 504, the appropriate Human Rights Officer is the Director of Special Education.

* Some categories listed are only protected from certain limited forms of discrimination or harassment.