



DEFINING EXCELLENCE

Appendix I to Policies 401, 402, 413, 521, 522, and 528

### DISCRIMINATION, HARASSMENT, AND VIOLENCE REPORT FORM

Edina Public Schools maintains a firm policy prohibiting all forms of discrimination, harassment, or violence against students or employees, or groups of students or employees, on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, including gender identity and expression, or disability. All persons are to be treated with respect and dignity. Harassment or violence by any student, teacher, administrator, or other school personnel, which creates an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

Use of this reporting form is encouraged but not required. Reports may be made orally or in writing, including via electronic mail.

Person completing report: \_\_\_\_\_

Home address: \_\_\_\_\_

Work address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of alleged incident(s): \_\_\_\_\_

Basis of Alleged Harassment/Violence - circle as appropriate: race \ color \ creed \ religion \ sex \ national origin \ gender \ age \ marital status \ familial status \ status with regard to public assistance \ sexual orientation, including gender identity and expression \ disability

Name of person(s) you believe harassed or was violent toward you or another person.

\_\_\_\_\_

If the alleged harassment or violence was toward another person(s), identify that person(s).

\_\_\_\_\_

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 (e.g., threats, requests, demands); what, if any, physical contact

was involved; or other relevant information. Attach additional pages if necessary.

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List any witnesses to the incident(s). \_\_\_\_\_

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My signature below shows that the information I have provided in this document is true, correct, and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

*Please submit to the building principal or designee, or director of human resources.*

(04/24)