

TITLE IX

HARASSMENT OR DISCRIMINATION REPORTING FORM

522-5F



South Washington County Schools (SoWashCo Schools, Independent School District 833) 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 sex within its educational programs and activities.

As required by Title IX of the Education Amendments Act of 1972 and other state and federal nondiscrimination laws, SoWashCo Schools does not discriminate on the basis of sex in its education programs, activities or employment. SoWashCo Schools is committed to maintaining an education and work environment that is free from discrimination based on sex, including sexual harassment.

The use of this reporting form is encouraged for any student, guardians or employee who wish to report potential sexual harassment or other forms of gender discrimination pursuant to Title IX. Reports may also be made orally or in writing in another form.

SoWashCo Schools Title IX Coordinator is:

Abby Baker, SHRM-SCP

Executive Director of Human Resources and Operations

651-425-6279 | abaker3@sowashco.org

7362 E. Point Douglas Rd. S. Cottage Grove, MN 55016

PLEASE COMPLETE THE FOLLOWING INFORMATION

Person Completing this Report: _____

Home Address: _____

Work Address: _____

Home or Cell Phone: _____ Work Phone: _____

INCIDENT INFORMATION

Date of Alleged Incident(s): _____

Name of the person you believe harassed or discriminated against you on the basis of gender: _____

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

Describe the incident(s) as clearly as possible, including: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc); what, if any, physical contact was involved; etc. (Attach additional pages as needed)

When and where did the incident(s) occur: _____

List any witness that were present: _____

This complaint is filed based on my honest belief that _____ has unlawfully discriminated against or harassed me or another student or employee on the basis of their sex. 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: _____