INDEPENDENT SCHOOL DISTRICT NO. 111

HARASSMENT AND VIOLENCE

REPORT FORM

General Statement of Policy Prohibiting Religious, Racial or Sexual Harassment

Independent School District No. 111 maintains a firm policy prohibiting all forms of discrimination. This policy strictly prohibits 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, or disability (Protected Class). All persons are to be treated with respect and dignity. Harassment or violence on the basis of Protected Class 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/Cell Phone / Work Phone:
_____

Date of Alleged Incident(s): _____

Basis of Alleged Harassment/Violence -circle as appropriate: race \ color \ creed \ religion \ national origin \ sex \ age \ marital status \ familial status \ status with regard to public assistance\ sexual orientation\ disability**.**

Name of person you believe harassed or was violent toward you or another person or group:
_____

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

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; etc. (Attach additional pages if necessary.)
_____
_____
_____

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

List any witnesses that were present: _____
_____
_____

This complaint is filed based on my honest belief that _____ has 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: _____