

HARASSMENT AND VIOLENCE REPORT FORM
Independent School District No. 624

General Statement of Policy Prohibiting Religious, Racial or Sexual Harassment

Independent School District No. 624 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 Protected Class is strictly prohibited. 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 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/ gender identity/ gender expression/ disability

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

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)