

402/413/521/522 FRM

INDEPENDENT SCHOOL DISTRICT NO. 811
HARASSMENT, VIOLENCE AND DISCRIMINATION REPORT FORM

Place in "X" next to the policy that you believe was violated:

- 402 Disability Nondiscrimination Policy
413 Harassment and Violence
521 Student Disability Nondiscrimination
522 Student Sex Nondiscrimination

Complainant
Home Address
Work Address
Home Phone Work Phone Cell Phone

Date of Alleged Incident(s)

Discrimination (check type to right) Disability Sex
Harassment (check type to right) Sex Race Religion Creed
Color Gender Age National Origin Marital Status
Familial Status Sexual Orientation Status with regard to Public Assistance

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

If the alleged harassment, violence or discrimination was toward another person, identify that person.

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; what discriminatory act occurred, 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, has been violent to me or to another person or has discriminated against 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.

\_\_\_\_\_  
(Complainant Signature)

\_\_\_\_\_  
Date

Received by \_\_\_\_\_

\_\_\_\_\_  
Date

<b>HARASSMENT, VIOLENCE AND DISCRIMINATION INVESTIGATION REPORT FORM</b>
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**COMMENTS:**

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I am satisfied with the action taken by the district and do not wish to pursue this further.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

I wish the district to pursue this matter further.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date