ISD 424 Policy 413-A

Adopted: November 8, 2010 Revised: June 19, 2017

Reviewed: July 17, 2019; Sept. 2020;

Revised: Oct. 2021

## INDEPENDENT SCHOOL DISTRICT NO. 424 HARASSMENT AND VIOLENCE REPORT FORM

## General Statement of Policy Prohibiting Harassment and Violence

Independent School District No. 424 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 is strictly prohibited. All persons are to be treated with respect and dignity. Harassment or violence 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 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                      |   |
|----------------------------------|---|
|                                  |   |
| Work Address                     |   |
| Home Phone                       | Work Phone  |
| Date of Alleged Incident(s)_     |   |
| national origin \ sex \ age \ ma | Violence - circle as appropriate: race \ color \ creed \ religion \ arital status \ familial status \ status with regard to public assistance \ gender identity and expression \ disability |
| Name of person you believe h     | narassed or was violent toward you or another person or group.  |
| _                                | riolence was toward another person or group, identify that person or  |
| used; any verbal statements (i   | early as possible, including such things as: what force, if any, was i.e., threats, requests, demands, etc.); what, if any, physical contact was onal pages if necessary.)                  |

| Where and when did the incident(s) oc  | cur?                                |                          |
|--|-------------------------------------|--------------------------|
|  |                                     |                          |
| List any witnesses that were present   |                                     |                          |
| This complaint is filed based on my hor has been violent to me or to another have provided in this complaint is trubelief. | er person or group. I hereby certif | y that the information I |
| (Complainant Signature)  | (Date)                              |                          |
| Received by  | (Date)                              |                          |
|  | (Date)                              |                          |