INDEPENDENT SCHOOL DISTRICT NO. 659
HARASSMENT OR VIOLENCE REPORT FORM

General Statement of Policy Prohibiting Harassment and Violence
Independent School District No.659 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, gender, age, marital status, familial status, status with regard to public assistance, sexual orientation, or disability is strictly prohibited. Persistent, unwanted contact that creates a hostile academic or working environment 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, gender, age, marital status, familial status, status with regard to public assistance, sexual orientation 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 ____________________________________________
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 / gender / 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) __________________________