

Harassment/Discrimination Reporting Form

This form provides the opportunity for a student or parent to report violation(s) of Board Policy 09.42811 and to secure an equitable and prompt resolution. This procedure shall be implemented in compliance with Board Policy 09.42811 and shall be used to document all complaints, whether addressed informally or formally.

Student's Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Student's Address _____			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Student's Age _____	Date of Birth _____	Student's Phone Number _____	
School _____	Grade _____	Homeroom/Classroom _____	
Name of Parent/Guardian _____		Daytime Phone # _____	

CONFIDENTIALITY

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)

Date(s)/approximate time of the alleged incident(s): _____

Place alleged incident (s) occurred: _____

What type of harassment or discrimination was involved in the alleged incident?

sexual racial on the basis of national origin on the basis of disability

other type of harassment/discrimination? If other, specify: _____

Name of person you believe is guilty of harassment or discrimination: _____

Position (if employee): _____ Grade (if student): _____ Other (specify) _____

If the alleged behavior was directed toward another person, name that person: _____

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used. _____

LIST ANY WITNESSES TO THESE EVENTS: _____

PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).

WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM? _____

I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.

_____ <i>Signature of Student</i>	_____ <i>Date</i>
_____ <i>Signature of Parent/Guardian (not required)</i>	_____ <i>Date</i>
_____ <i>Received by</i>	_____ <i>Date</i>

NOTE:

- Students/parents wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District's school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

Review/Revised:12/10/2018