RELIGIOUS, RACIAL OR SEXUAL HARASSMENT/VIOLENCE/BULLYING REPORT FORM

General Statement of School District Policies 522 and 413:
- It is the policy of District 877 to maintain a learning and working environment that is free from religious, racial or sexual harassment and violence.
- It shall be a violation of policy for any student or school personnel to inflict, threaten to inflict or attempt to inflict religious, racial or sexual violence upon any student or school personnel.
- It is the policy of District 877 to prevent and respond to acts of bullying, intimidation, violence and other similar disruptive behavior. It shall be a violation of policy for any student or school personnel to bully.

Complainant
Home Address
Work/School Address
Home Phone __________________________ Work Phone __________________________ Cell Phone __________________________
Date(s) of alleged incident(s) __________________________

Circle prohibited behaviors as appropriate: sexual racial religious bullying violence

Name(s) of person(s) who you believe harassed, or was (were) violent towards you or bullied you.

________________________________________________________________________

List any witnesses who were present or who may have information regarding the alleged harassment or bullying.

________________________________________________________________________

Where did the incident(s) occur?

________________________________________________________________________

Describe the incident in as much detail as possible, including; (1) exactly what was said, including any threats or demands; (2) whether there was physical contact and if so, a detailed description of what occurred; and (3) how you responded to the incident. If there was more than one incident, please describe each incident separately. (Attach additional pages if necessary.)

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________________________________________________________________________

This complaint is filed based on my honest belief that __________________________ has harassed; has been violent to me or to another person or has bullied me. Thereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

☐ I request that the District opens a formal investigation into this complaint.

Complainant's Signature __________________________ Date __________________________

Person Receiving Report __________________________ Date __________________________