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. 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 Phon	ne
Date of Alleged Incident(s)	
	- circle as appropriate: race / color / creed / religion / nrital status / familial status / status with regard to public
Name of person you believe harassed or v	was violent toward you or another person or group.
If the alleged harassment or violence wa group.	as toward another person or group, identify that person or
used; any verbal statements (i.e. threats, r	ossible, including such things as: what force, if any, was requests, demands, etc.); what, if any, physical contact was necessary.)
Where and when did the incident(s) occur	r?
List any witnesses that were present	
	st belief that has harassed or on. I hereby certify that the information I have provided in te to the best of my knowledge and belief.
(Complainant Signature)	(Date)
Received by	