

St. Francis Area Schools

Human Resources
4115 Ambassador Boulevard NW, St. Francis MN 55070
763-753-7040 • www.isd15.org

Harassment and Violence Report Form

General Statement of Policy Prohibiting Harassment and Violence

St. Francis Area Schools 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 _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Alleged Incident(s) _____

Basis of alleged harassment/violence: *(check appropriate)*

- | | | | |
|-----------------------------------|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> National origin | <input type="checkbox"/> Marital status | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex | <input type="checkbox"/> Familial status | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Gender | <input type="checkbox"/> Status with regard to
public assistance | |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Age | | |

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 or group. 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) _____