

# St. Francis Area Schools

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

## Unlawful Sex Discrimination Toward a Student Report Form

### General Statement of Policy Prohibiting Unlawful Sex Discrimination Toward a Student

St. Francis Area Schools maintains a firm policy prohibiting all forms of unlawful sex discrimination. All students are to be treated with respect and dignity. Unlawful sex discrimination by any teacher, administrator or other school personnel will not be tolerated under any circumstances.

Complainant \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of alleged incident(s): \_\_\_\_\_

Name of person you believe unlawfully discriminated toward you or a student on the basis of sex:

\_\_\_\_\_

If the alleged unlawful sex discrimination was toward another person, identify that person:

\_\_\_\_\_

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 unlawfully discriminated against me or a student on the basis of sex. 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 \_\_\_\_\_