INDEPENDENT SCHOOL DISTRICT 709
HARASSMENT COMPLAINT FORM

Name of Person Filing Complaint (Complainant): _______________________________________________________

Address: ________________________________________________________________________________________

Telephone: ___________________________________________ (Home) ___________ (School/Work Location)

Status of Person Filing the Complaint: ☐ Student ☐ Employee ☐ Parent ☐ Other _____________________________

Type of Complaint: ☐ Religious ☐ Racial ☐ Sexual ☐ Sexual Orientation ☐ Disability ☐ General

☐ Religious ☐ Racial ☐ Sexual ☐ Sexual Orientation ☐ Disability ☐ General

Has there been Violence? ☐ Yes ☐ No

Name of Person You Are Reporting (Respondent): ______________________________________________________

Status of Person You Are Reporting: ☐ Student ☐ Employee ☐ Parent ☐ Other _____________________________

Statement of Complaint (Include type of harassment/violence, who was involved in the specific incidents in which it occurred, names of witnesses, etc.): _______________________________________________________________________________________

(Continue on reverse side or attach pages as needed)

I UNDERSTAND THAT IN ACCORDANCE WITH DISTRICT POLICY #4015, INDEPENDENT SCHOOL DISTRICT 709 WILL ADDRESS THIS COMPLAINT.

Signature of Complainant: ___________________________ Date: ___________________________

Signature of Person Receiving The Complaint: ___________________________ Date Received: _____________

Printed Name of Person Receiving The Complaint: ____________________________________________________

Name of Building Administrator (if different from person receiving initial complaint): _________________________

☐ Original to Human Resources ☐ Building Administrator Date Distributed: _____________________________

(Human Resources will distribute a copy to the District's Harassment/Violence Prevention Specialist)

Copies Distributed To: ☐ Building Administrator Date Distributed: _____________________________

(To be completed by Human Resources)

REPORT NUMBER: Year: _____ Building Code: _______ Number In Sequence By Year: ____________

Form #4015 (Rev. 6/13)