INDEPENDENT SCHOOL DISTRICT NO. 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: ☐ Sexual      ☐ General      ☐ Protected Group (select group from list below)

Protected Group: ☐ Race   ☐ Color   ☐ Creed   ☐ Religion   ☐ National Origin   ☐ Sex   ☐ Age   ☐ Marital Status
              ☐ Disability   ☐ Public Assistance   ☐ Sexual Orientation   ☐ Gender Identity/Expression   ☐ Other Protected Group

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 #413, 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 ______________ Date Distributed: __________
(Human Resources will distribute a copy to the District’s Climate Coordinator)

Copies Distributed To: ☐ Building Administrator ______________ Date Distributed: __________

(To be completed by Human Resources)

REPORT NUMBER: Year: ______ Building Code: _______ Number In Sequence By Year: _________

413R-Form (Renumbered only 04/16)  215 North First Avenue East, Duluth, MN  55802  
Replaces #4015 (Rev. 07/15) (218) 336-8718, Ext. 1058  (218) 336-8785 Fax  
Item #35-05-004035