



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 _____ (Specify)

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 _____ (Specify)

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 #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: _____