

**INDEPENDENT SCHOOL DISTRICT No. 547  
RELIGIOUS, RACIAL OR SEXUAL HARASSMENT AND VIOLENCE REPORT FORM**

**General Statement of Policy Prohibiting Religious, Racial or Sexual Harassment**

Independent School District No. 547 maintains a firm policy prohibiting all forms of discrimination. Religious, racial or sexual harassment or violence against students or employees is discrimination. All persons are to be treated with respect and dignity. Sexual violence, sexual advances or other forms of religious, racial or sexual harassment by any pupil, teacher, administrator or other school personnel which creates an intimidating, hostile or offensive environment will not be tolerated under any circumstances.

Complainant \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Circle as appropriate: sexual / racial / religious / bullying

Name of person you believe harassed or was violent toward you or another person:  
\_\_\_\_\_

If the alleged harassment or violence 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:  
\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has harassed or has been violent to me or to another person. 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)