

ALBERT LEA AREA SCHOOLS
ALLEGATION OF HARASSMENT/VIOLENCE REPORT FORM

District 241 maintains a firm policy prohibiting all forms of discrimination. Harassment or violence, against students or employees or groups of students or employees on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status with regard to public assistance, sexual orientation, or disability is strictly prohibited. All persons are to be treated with respect and dignity. Harassment or violence on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, or disability of any pupil, teacher, administrator or other school personnel, which create an intimidating hostile or offensive environment will not be tolerated under any circumstances.

Complainant: _____ **Date of Incident:** _____

Home Address: _____ **Grade:** _____

Person Whom Complaint is against: _____

Parent's/Guardian Name (if applicable): _____

Basis of Alleged Harassment/Violence: (Please check appropriate box):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	Color	Creed	Religion	National Origin	Sex	Marital Status
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Familial Status	Status With Regard to Public Assistance		Sexual Orientation		Disability	

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.:

When and where did the incident(s) occur: _____

List any witnesses who were present: _____

Complainant Signature: _____

This complaint is filed based on my honest belief that _____ has harassed or has been violent to me or to another person or group. 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:** _____

Intervention/disciplinary action taken:

Suspension Detention Parents Notified(if applicable)

Comments: _____