



DISCRIMINATION AND HARASSMENT FORM

POLICY STATEMENT:

Ind. School District No. 2184 is committed to maintaining a secure and inclusive learning and working environment for all students, employees, and groups associated with the school district. Discrimination, harassment, or violence on the basis of various protected characteristics is strictly prohibited. All individuals are entitled to be treated with respect and dignity. This policy extends to prohibit any actions that create an intimidating, hostile, or offensive environment based on race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, or disability.

COMPLAINANT INFORMATION:

Please provide the following information:

Complainant:

Address:

Phone Number:

DISCRIMINATION/HARASSMENT INCIDENT:

Provide specific information regarding the incident:

Date of Incident(s):

Basis of Alleged Harassment/Violence - Check as Appropriate:

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age |
| <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Familial Status |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Socioeconomic Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Disability |

Details of the Incident(s):

Name of the person believed to have harassed or been violent:

If the incident was towards another person or group, identify that person or group:

Description of Incident(s):

Describe the incident(s) as clearly as possible, including details such as:

- Any force used
- Verbal statements (threats, requests, demands, etc.)
- Physical contact involved.

Attach additional pages if necessary.

Incident Location and Timing:

Where and when did the incident(s) occur?

Witness Information:

List any witnesses present during the incident(s).

COMPLAINANT CERTIFICATION:

I, _____, file this report based on my honest belief that [Name of Alleged Harasser] _____ has harassed or been violent toward me or another person or group. I hereby certify that the information I have provided in this report is true, correct, and complete to the best of my knowledge and belief.

(Complainant Signature) _____ (Date) _____

****Completed forms can be submitted to any administrative office.****