

**FILING A STATE OR FEDERAL
DISCRIMINATION AND/OR HARASSMENT COMPLAINT**

Most employment-related discrimination or harassment complaints:

- Statute of limitations is 300 days (NDCC 14-02.4-19)
- Complaints should be filed with:
North Dakota Department of Labor
Human Rights Division
600 East Boulevard Ave, Dept. 406
Bismarck, ND 58505-0340
Phone: (701) 328-2660 or 1-800-582-8032

Employee, student, or other person claiming to be aggrieved by a discriminatory practice with regard to public services or public accommodations:

- Statute of limitations is 180 days (NDCC 14-02.4-19)
- Complaints should be filed with:
North Dakota Department of Labor
Human Rights Division
600 East Boulevard Ave, Dept. 406
Bismarck, ND 58505-0340
Phone: (701) 328-2660 or 1-800-582-8032

Student discrimination and/or harassment complaints related to programs and activities that receive federal financial assistance:

- Statute of limitations is 180 days for most claims (28 CFR 35.170 and 34 CFR 100.7). There may be an exception for Section 504 claims.
- Complaints should be filed with:
Chicago Office for Civil Rights
U.S. Department of Education
Citigroup Center
500 W. Madison Street, Suite 1475
Chicago, IL 60661

**DISCRIMINATION AND/OR HARASSMENT COMPLAINT
CONFIDENTIALITY ASSESSMENT**

Date of complaint: _____

Summary of complaint: _____

When one or more of the following conditions exists, the District may be unable to honor a complainant’s request for confidentiality. Check all that apply:

- The complaint alleges acts of child abuse/neglect or criminal acts
- There have been other complaints or reports of harassment against the alleged harasser
- The accused has a right to receive information about the accuser and the allegations due to an investigator’s recommendations that a formal proceeding commence (e.g., expulsion or discharge hearing)
- There is an increased risk of the alleged perpetrator committing additional acts of discrimination and/or harassment or other violence (e.g., the alleged perpetrator has a history of arrests or records from a prior school indicating a history of violence, the alleged perpetrator threatened further acts of discrimination and/or harassment or other violence against the student or others, and/or the discrimination and/or harassment was committed by multiple perpetrators)
- The alleged act was perpetrated with a weapon
- The age, language barriers, or disabled status of the individual subjected to the discrimination and/or harassment made him/her more susceptible to alleged incident(s)/act(s), considering factors such as the degree to which s/he was able to recognize that discriminatory and/or harassing conduct is conduct to which they can or should reasonably object and the degree to which they can articulate an objection
- The school possesses no other means to obtain relevant evidence (e.g., security cameras or personnel, physical evidence)

NOTES: _____

If the District is unable to honor a complainant’s request for confidentiality, the appropriate grievance coordinator (Title IX, 504/Title II, or Non-discrimination) shall notify the complainant and provide him/her an opportunity to respond before proceeding with an investigation.

**DISCRIMINATION AND HARASSMENT TRAINING REQUIREMENTS
FOR EMPLOYEES**

All District employees shall receive discrimination and harassment training. Employees should receive training in the following areas:

- Receiving and reporting discrimination and/or harassment complaints, including when to report (knew or should have known standard) and whom to report to;
- Information about how to prevent and identify discrimination and harassment, including sexual violence and same-sex sexual violence;
- The behaviors that may lead to or result in sexual violence;
- The attitudes of bystanders that may allow discriminatory and/or harassing conduct to continue;
- The potential for re-victimization by responders and its effect on students;
- The appropriate methods for responding to a student who may have experienced discrimination and/or harassment, including sexual violence. Training should include the use of nonjudgmental language;
- The impact of trauma on victims; and, as applicable, the person(s) to whom such misconduct must be reported;
- The importance of informing complainants of the reporting obligations of responsible employees;
- Complainants' option to request confidentiality;
- Available confidential advocacy, counseling, or other support services; and
- Complainants' right to file a Title IX complaint with the school and to report a crime to local law enforcement.

In addition, the Title IX Coordinator, investigator, decision-makers, and persons who facilitate the informal resolution procedure for alleged sexual harassment prohibited by Title IX, shall receive training. This training must include:

1. The definition of sexual harassment contained in Title IX and associated regulations;
2. How to identify conduct that may constitute sexual harassment;
3. The scope of the District's education program or activity so that the District may accurately identify situations that require a response under Title IX;
4. How to conduct an investigation and grievance process including appeals and informal resolution processes, as applicable;
5. How to make relevancy determinations, as applicable; and
6. How to serve impartially, including by avoiding prejudgment of the facts at issue, conflicts of interest, or bias.

REASONABLE ACCOMMODATION REQUEST PHYSICIAN FORM

Dear Physician:

A request for a reasonable accommodation has been made by our employee, **[Employee's Name]**_____. To determine whether or not this request should be granted and how best to respond to this request, the **Kindred Public School District** is requesting that you complete the following form.

ADA Qualifying Disability

An employee has a disability if s/he has an impairment that substantially limits one or more major life activities or a record of such impairment.

- Does the employee have a physical or mental impairment? (Includes any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.)

Yes No

If yes, specify the impairment:

- Does the impairment substantially limit one or more major life activities or bodily functions?

Yes No

Check all that apply:

<input type="checkbox"/> Caring for oneself	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Hearing
<input type="checkbox"/> Seeing ¹	<input type="checkbox"/> Eating	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Walking	<input type="checkbox"/> Standing	<input type="checkbox"/> Lifting
<input type="checkbox"/> Bending	<input type="checkbox"/> Speaking	<input type="checkbox"/> Breathing
<input type="checkbox"/> Learning	<input type="checkbox"/> Reading	<input type="checkbox"/> Concentrating
<input type="checkbox"/> Communicating	<input type="checkbox"/> Working	<input type="checkbox"/> Operation of a major bodily function ²

Thinking Other: _____

Describe how the major life activity or operation of major bodily function is affected (do not take into account mitigating measures such as medication):

¹ Do not check if this can be corrected through eye glasses or contact lenses

² Includes, but is not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions

Determination of Reasonable Accommodation (*Answer only if the employee has a disability meeting the definition above*)

1. Please review the attached job description. Is the employee able to perform the essential job functions of this position with or without reasonable accommodation?

Yes No

If yes, please continue to next question. If no, please list which job functions s/he is unable to perform and how long the employee will be unable to perform these job duties.

Functions unable to perform:

____ # of weeks ____ # of months ____ permanently

2. What adjustments to the work environment or position responsibilities would enable the employee to perform the essential functions of that position?

3. The employee's typical schedule is **[list days and hours]**. What, if any, adjustments need to be made to the employee's work schedule to enable the employee to perform the essential job functions?

4. How would your suggestions improve the employee's job performance?

5. How long will the employee need the reasonable accommodation? If unable to provide a date, when will he or she be medically reevaluated?

Any additional comments or suggestions:

Physician Name (Please Print)

of physician completing form

Date

Signature

NOTICE OF TITLE IX SEXUAL HARASSMENT COMPLAINT

This is a notice that a formal complaint containing allegations of sexual harassment has been filed with the Kindred Public School District. This notice is being provided to the complainant and the respondent in accordance with section 106.45(b)(2)(i)(B) of the Title IX sexual harassment regulations. The purpose of this written notice is to help ensure that the nature and scope of the investigation, and the district's procedures, are clearly understood by all parties at the commencement of the investigation.

Complainant Name: _____
Last First Middle Initial

Respondent Name: _____
Last First Middle Initial

Date(s) of alleged incident(s): _____ Time of Alleged incident(s): _____

Location of alleged incident(s): _____

Details of the conduct that potentially constitutes sexual harassment:

The following are a list of supportive measures available to the complainant and respondent prior, during, or after the filing of a formal complaint alleging sexual harassment:

1. _____
2. _____
3. _____

The following are a list of disciplinary actions the District may impose against the respondent following a determination of responsibility:

1. _____
2. _____
3. _____

The following are a list of remedies the District may provide to the complainant following a determination of responsibility:

1. _____
2. _____
3. _____

Please be advised of the following:

1. The District must recognize a presumption of non-responsibility on the part of the respondent as to the allegations of sexual harassment until a determination of responsibility is made at the conclusion of the grievance process set forth in the AAC-BR2 regulation, a copy of which is being provided along herewith;
2. The complainant and the respondent each have the right to the assistance of an adult advisor of their choice, including an attorney, throughout the grievance process;
3. The complainant, respondent, and their advisor are prohibited from knowingly making a materially false statement or providing materially false information in connection with the allegations of sexual harassment set forth in the formal complaint. Any party who violates this prohibition will be subject to discipline in accordance with the District's Code of Conduct policies;
4. The District may offer the parties an informal resolution procedure to resolve the allegations set forth in the formal complaint. This procedure may only be used when a formal complaint is filed containing allegations of sexual harassment, when the Title IX Coordinator deems it appropriate under the circumstances, and the complainant and respondent voluntarily consent to participate in writing. This procedure may not be used when the complainant is a student and the respondent is a District employee. Participation in the informal resolution procedure may not be a condition of enrollment or employment, or enjoyment of any other right. Both the complainant and the respondent have the right to terminate or withdraw from the informal resolution procedure and resume the formal resolution procedure at any time prior to agreeing to a resolution;
5. The District is required to conduct a fair and impartial investigation of the allegations of sexual harassment set forth in any formal complaint;
6. The parties have the right to advance written notice of the date, time, location, participants, and purpose of all investigative interviews;
7. The parties have the right to review all evidence obtained as part of the investigation that is directly related to the allegations raised in the formal complaint. The parties also have the right to submit a written response to the evidence prior to the conclusion of the investigation;
8. The District will apply the preponderance of the evidence standard for use in all formal complaints of sexual harassment, including formal complaints against students and formal complaints against employees. Additional information regarding this standard is contained within the AAC-BR2 regulation, a copy is attached;
9. The complainant or the respondent may appeal the determination of responsibility, including any disciplinary sanction instituted as a result of the determination of responsibility. The complainant and the respondent may

also appeal any dismissal, whether discretionary or mandatory, of a formal complaint or allegation contained in a formal complaint. The bases of appeal and the appeal procedure are described in detail in the AAC-BRs regulation, a copy is attached; and

10. The parties shall not discuss or disseminate the allegations set forth in the formal complaint, or information gathered in the course of an investigation, in a manner that constitutes retaliation or unlawful tortious conduct.

In the event allegations in the formal complaint change or additional potential violations are discovered, the Title IX Coordinator will promptly provide written notice of the changes or additional potential violations to the complainant and the respondent.

Title IX Coordinator

Date

By my signature below, I acknowledge that I have received this written notice of the sexual harassment allegations.

Signature

Date

End of Kindred Public School District Exhibit AAC-E5 [11/20]

SCHOOL DISTRICT'S DUTY UNDER SECTION 504

The Kindred School District shall provide a free appropriate public education to each qualified handicapped person in the district's jurisdiction, regardless of the nature or severity of the person's handicap.

The provision of an appropriate education is the provision of regular or special education and related aids and services that:

1. Are designed to meet individual educational needs of handicapped persons as adequately as the needs of non-handicapped persons are met; and
2. Are based upon adherence to procedures that satisfy the requirements of a free education, educational setting, and evaluation and placement as detailed below.

The District may place a handicapped person or refer such a person for aid, benefits, or services other than those that the District operates or provides as its means of carrying out the requirements of this law. If so, the District remains responsible for ensuring that the requirements contained in law are met with respect to any handicapped person so placed or referred.

Free education

The provision of a free education is the provision of educational and related services without cost to the handicapped person or to his or her parents or guardian, except for those fees that are imposed on non-handicapped persons or their parents or guardian. It may consist either of the provision of free services or, if the District places a handicapped person or refers such person for aid, benefits, or services not operated or provided by the District, payment for the costs of the aid, benefits, or services.

Transportation: If the District places a handicapped person or refers such person for aid, benefits, or services not operated or provided by the District, the District shall ensure that adequate transportation to and from the aid, benefits, or services is provided at no greater cost than would be incurred by the person or his or her parents or guardian if the person were placed in the aid, benefits, or services operated by the District.

Residential placement: If a public or private residential placement is necessary to provide a free appropriate public education to a handicapped person because of his or her handicap, the placement, including non-medical care and room and board, shall be provided at no cost to the person or his or her parents or guardian.

Placement of handicapped persons by parents: If the District has made available, in conformance with the requirements under law, a free appropriate public education to a handicapped person and the person's parents or guardian choose to place the person in a private school, the District is not required to pay for the person's education in the private school. Disagreements between a parent or guardian and the District regarding whether the District has made a free appropriate public education available or otherwise regarding the question of

financial responsibility are subject to the due process procedures of 34 C.F.R. 104.36.

Educational Setting

Academic setting: The District shall educate, or shall provide for the education of, each qualified handicapped person in its jurisdiction with persons who are not handicapped to the maximum extent appropriate to the needs of the handicapped person. The District shall place a handicapped person in the regular educational environment unless it is demonstrated by the District that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. Whenever the District places a person in a setting other than the regular educational environment, it shall take into account the proximity of the alternate setting to the person's home.

Nonacademic settings: In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities, the District shall ensure that handicapped persons participate with non-handicapped persons in such activities and services to the maximum extent appropriate to the needs of the handicapped person in question.

Comparable facilities: If the District operates a facility that is identifiable as being for handicapped persons, the District shall ensure that the facility and the services and activities provided therein are comparable to the other facilities, services, and activities of the District.

Evaluation and Placement

Pre-placement evaluation: The District shall conduct an evaluation of any person who, because of handicap, needs or is believed to need special education or related services before taking any action with respect to the initial placement of the person in regular or special education and any subsequent significant change in placement.

Evaluation procedures: The District shall establish standards and procedures for the evaluation and placement of persons who, because of handicap, need or are believed to need special education or related services, which ensure that:

1. Tests and other evaluation materials have been validated for the specific purpose for which they are used and are administered by trained personnel in conformance with the instructions provided by their producer;
2. Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient; and
3. Tests are selected and administered so as best to ensure that, when a test is administered to a student with impaired sensory, manual, or speaking skills, the test results accurately reflect the student's aptitude or achievement level or whatever other factor the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where those skills are the factors that the test purports to measure).

Placement procedures: In interpreting evaluation data and in making placement decisions, the District shall:

1. Draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior;
2. Establish procedures to ensure that information obtained from all such sources is documented and carefully considered;
3. Ensure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options, and (4) ensure that the placement decision is made in compliance with educational setting requirements.

Reevaluation: The District shall establish procedures, in accordance with evaluation procedures above, for periodic reevaluation of students who have been provided special education and related services.

Procedural Safeguards

The District shall establish and implement, with respect to actions regarding the identification, evaluation, or educational placement of persons who, because of handicap, need or are believed to need special instruction or related services, a system of procedural safeguards that includes notice, an opportunity for the parents or guardian of the person to examine relevant records, an impartial hearing with opportunity for participation by the person's parents or guardian and representation by counsel, and a review procedure.

Nonacademic Services

The District shall provide non-academic and extracurricular services and activities in such manner as is necessary to afford handicapped students an equal opportunity for participation in such services and activities.

Nonacademic and extracurricular services and activities may include counseling services, physical recreational athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the District, referrals to agencies which provide assistance to handicapped persons, and employment of students, including both employment by the District and assistance in making available outside employment.

1. Counseling services: If the District provides personal, academic, or vocational counseling, guidance, or placement services to its students, it shall provide these services without discrimination on the basis of handicap. The District shall ensure that qualified handicapped students are not counseled toward more restrictive career objectives than are non-handicapped students with similar interests and abilities.
2. Physical education and athletics: In providing physical education courses and athletics and similar aid, benefits, or services to any of its students, the District may not discriminate on the basis of handicap. If the District offers physical education courses or operates or sponsors interscholastic, club, or intramural athletics, it shall provide to qualified handicapped students an equal opportunity for participation.

The District may offer to handicapped students physical education and athletic activities that are separate or different from those offered to non-handicapped students only if separation or differentiation is consistent with

the educational setting requirements (see p. 2) and only if no qualified handicapped student is denied the opportunity to compete for teams or to participate in courses that are not separate or different.

End of Kindred School District #2 Exhibit AACA-E

COMMUNITY USE OF SCHOOL FACILITIES

Use of school facilities may require certification of insurance.

Use of school facilities shall be free to any local organization within the District if the majority of the students participating are enrolled in the Kindred School District.

When this criteria is not satisfied, organizations or groups using the school district facility must hire a school district custodian(s) or administrator at a rate of \$30 per hour for setup, assisting with the event, and clean up and are subject to the following fees.

Activities sponsored by a private organization or business, individual or individuals within the District to be used for profit shall pay a fee of:

1. \$20 per hour for use of Kindred Gyms;
2. \$25 per hour for Multi-Purpose room;
3. \$20 per hour for Kitchen;
4. \$10 per hour per room.

Activities sponsored by non-profit local service organizations within the District shall pay the following schedule:

1. \$10 per hour for use of Kindred Gym;
2. \$17.50 per hour Multi-Purpose (commons);
3. \$12.50 per hour Kitchen;
4. \$10 per hour per room.

Any organization, group, or individual not residing within the District shall pay a fee of \$150 per day for Kindred Gym and \$100 per day for Middle School Gym;

The Board and/or administration reserves the right to give special consideration to any outside individual or organization regarding the rental or lease of school facilities and athletic fields.

End of Kindred School District #2 Administrative Regulation ABBB-AR

UNIVERSAL PRECAUTIONS & SANITARY CLEANUP

School personnel should practice hygienic procedures when disposing of all human secretions and excretions since they may contain infectious agents capable of spreading disease and since carriers of infectious or contagious diseases are often unknown.

The steps listed below should be followed in all such clean-up situations. The procedures are not intended to replace basic common sense principles of health and hygiene.

Attending to the Victim

1. Wear disposable gloves when cleaning up all secretions and excretions.
2. Have the victim apply a barrier to the affected area if possible. Any secretions/excretions should be removed with disposable paper towels, gauze, or rags.
3. Secure all cleansing materials, gloves, and other soiled items (e.g., diapers) in plastic bags. Tie bags and dispose in a sanitary disposal site.
4. Bag and send home soiled clothing and/or other personal items. Do not clean or rinse these items at school.

Cleaning & Disinfecting Environment

1. Wear disposable gloves when cleaning up the affected area.
2. Sprinkle the affected area with tuberculocidal agent, absorbent chlorine powder, or disinfectant appropriate to the surface as soon as possible.
3. Clean affected area with disposable paper towels, rags, or with a scoop and brush. Scoops or implements to be reused should be washed and sprayed with disinfectant.
4. Secure gloves and all waste in a plastic bag. Tie bag and dispose in a sanitary disposal site.

Cleanup for Attending Employee

1. Using the following procedures, wash hands immediately after completing the cleaning and disinfecting process.
2. Wet hands and apply antiseptic soap.
3. Rub hands together vigorously for at least 15-30 seconds, paying particular attention to fingertips, nails, and jewelry.
4. Clean any exposed skin with an appropriate antiseptic (e.g., alcohol, iodine, etc.) and apply a leak proof dressing if appropriate.

BULLYING REPORTING GUIDELINES

The following are signs that may indicate that a student has become a victim of prohibited behavior contained in the district's bullying policy. The examples serve as guidelines only and in no way encompass all indicators that a student has become victim of bullying. Students with knowledge/ reasonable suspicion of any conduct indicating a violation of the bullying policy should report it in accordance with the procedure in the bullying policy, and school staff with knowledge/reasonable suspicion of such conduct shall report it in accordance with the procedure in the bullying policy.

Reporting Guidelines

Students should file a report under the bullying policy and staff shall file such a report when there is:

1. Any report by a student that s/he is concerned about his/her safety as a result of intimidation, hostility, or actions by a student or staff member. Such students often avoid certain locations in the school to limit contact with a bully (e.g., locker rooms, restrooms, parking lots).
2. Any report by a student that his/her property has been damaged or s/he is concerned that his/her property will be damaged as a result of intimidation, hostility, or actions by a student or staff member.
3. Any indication that a student is being deprived of educational opportunities (e.g., grades rapidly decline, a pattern of absenteeism, avoids certain locations in the school.)
4. Any indication of verbal, nonverbal, physical aggression, intimidation, or hostility based on a protected class, i.e., race, color, religion, sex, national origin, age, disability (physical or mental), or status with regard to marriage or public assistance.
5. A student has filed a report under the bullying policy or participated as a witness in a bullying investigation and has since become the subject of verbal, nonverbal, or physical aggression or hostility by other students or staff.

STAFF BULLYING REPORT FORM

Instructions: Please complete **both** pages, responding to all the questions as accurately as possible. If you are unsure of the answer to any question, please indicate so. School policy allows for the District to take disciplinary action against school staff who have knowledge/reasonable suspicion of a violation of the bullying policy and fail to report it.

Describe what happened/what is happening:			
When did it happen?	<input type="checkbox"/> Before school <input type="checkbox"/> During school <input type="checkbox"/> After school <input type="checkbox"/> Unsure	Date:	
		Time:	
		<input type="checkbox"/> am <input type="checkbox"/> pm	
Where did it happen?	<input type="checkbox"/> In the school building (list specific room): <input type="checkbox"/> On the school playground <input type="checkbox"/> In the school parking lot <input type="checkbox"/> On the school bus	<input type="checkbox"/> Online <input type="checkbox"/> At a school event (list specific event): <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Unsure	
Who was committing the bullying (if you're unsure of the bully's name(s) describe him/her)?			
Who was the victim of the bullying (if you're unsure of his/her name, describe him/her)?			
How did you learn of the incident?	<input type="checkbox"/> Witnessed it <input type="checkbox"/> Received a report from the victim: <input type="checkbox"/> Oral <input type="checkbox"/> Written (attach) <input type="checkbox"/> Received a report from a bystander: <input type="checkbox"/> Oral <input type="checkbox"/> Written (attach) <input type="checkbox"/> Received a report from a community member: <input type="checkbox"/> Oral <input type="checkbox"/> Written (attach) <input type="checkbox"/> Received a report from the perpetrator: <input type="checkbox"/> Oral <input type="checkbox"/> Written (attach) <input type="checkbox"/> Suspected bullying as a result of changes in a student's behavior.		
Did anyone else witness the bullying? <input type="checkbox"/> Yes, please list <input type="checkbox"/> No <input type="checkbox"/> Unsure	Please list names of witnesses and/or anyone that may have information about the incident. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

Were students/others physically hurt (please explain)?	<input type="checkbox"/> Yes, explain <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Was there damage to anyone's personal property?	<input type="checkbox"/> Yes, describe <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you noticed a change in the victim's routine (e.g., attendance patterns changed, grades dropped, avoids certain locations in the school)?	<input type="checkbox"/> Yes, explain <input type="checkbox"/> No <input type="checkbox"/> Unsure	
If the bullying occurred online is there evidence that it was/has caused:	<input type="checkbox"/> A substantial disruption to the educational environment (e.g., staff prevented from carrying out duties, computer networks shut down, change in attendance patterns) <input type="checkbox"/> A true threat (a statement that, in light of the circumstances, a reasonable person would perceive as a serious expression of an intent to inflict harm) <input type="checkbox"/> Unsure If applicable, explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
In your view, was the incident motivated by any of the following traits (actual or perceived)?	<input type="checkbox"/> Race <input type="checkbox"/> Sex (includes sexual orientation) <input type="checkbox"/> National origin <input type="checkbox"/> Color <input type="checkbox"/> Status with regard to marriage or public assistance <input type="checkbox"/> N/a <input type="checkbox"/> Religion <input type="checkbox"/> Disability (physical or mental) <input type="checkbox"/> Unsure	
Was the incident an act of retaliation against an individual who filed a previous bullying report and/or participated in an investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Have you reported the incident to law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your name:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Your school:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
List your contact information:	Phone:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	Email:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Remember to hit "save" before closing this form. Please print the form, **attach any relevant documentation that you may have**, and return it to the building administrator or his/her superior if the report implicates the building administrator. If the report implicates the Superintendent, return it to the Board President.



STUDENT BULLYING REPORT FORM

Instructions:
 Please complete **both** pages, responding only to the questions that you feel comfortable answering and are able to accurately answer. You may choose to include your name at the bottom of the form or may submit it anonymously. Please note that the district's ability investigate an anonymous complaint may be limited, and the District prohibits retaliation against anyone who files a bullying report.

Describe what happened/what is happening:

When did it happen?

Before school
 During school
 After school
 Unsure

Date:

Time:

am pm

Where did it happen?

In the school building (list specific room):
 At a school event (list specific event):

On the school playground
 In the school parking lot
 On the school bus
 Online

Other (please specify):

Unsure

Who was committing the bullying (if you don't know the bully's name(s) describe him/her?)

Who was the victim of the bullying (if you don't know his/her name, describe him/her?)

Did anyone else witness the bullying (if yes, please list)?

Yes
 No
 Unsure

Were you or others physically hurt (please explain)?

Yes
 No
 Unsure

Was there damage to anyone's personal property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you or the victim missed any school or made any changes to your daily routine as a result of the incident(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Have you told anyone about the bullying?	<input type="checkbox"/> Parent <input type="checkbox"/> Babysitter <input type="checkbox"/> Brother/sister <input type="checkbox"/> Other family member:	<input type="checkbox"/> Teacher <input type="checkbox"/> Other school staff: <input type="checkbox"/> Other:
Have you previously filed a bullying report (this information is used to determine if retaliation is occurring)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Your name:		
Your grade and age:		
How can we contact you?	<input type="checkbox"/> Phone:	
	<input type="checkbox"/> Email:	
	<input type="checkbox"/> Other:	

Remember to hit "save" before closing this form. Please print the form and return it to any school staff member, the main office or place it in the bullying report drop box.