Saint Paul Public Schools ("the District") believes in the dignity of its students, staff, and all other District personnel. To that end, the District strives to maintain a learning and working environment that is free from discrimination, harassment or violence on the basis of race, color, national origin, creed, religion, marital status, familial status, sex, sexual or affectional orientation, gender identity and expression, status with respect to public assistance, age, disability, membership or activity in a local commission as defined by Minn. Stat. § 363A.03.

The District prohibits retaliation and discrimination, harassment, or violence toward a student, teacher, administrator, or other District personnel (or a group thereof) in all District environments including all academic, extra-curricular, co-curricular, and District-sponsored activities on District property, including but not limited to schools, the school bus, school functions, or District-sponsored events held at other locations. The District prohibits retaliation for good faith reporting of such conduct.

District Policy 415.00 “Discrimination, Harassment, Retaliation and Violence” policy defines retaliation, harassment, discrimination, and violence. Policy 415.00 and the corresponding 415.00 form can be found at spps.org/boardpolicies.

Complaints alleging sexual harassment from staff or students should be immediately directed to the Responsible Administrator and the Title IX Coordinator, at TitleIX@spps.org.

The District also prohibits bullying against a student, by either an individual or a group. Policy 505 and Procedure 505.00.01 define bullying and set forth procedures for reporting violations. Policy 505 and Procedure 505.00.01 can be found at spps.org/boardpolicies.

Date of Incident: ____________________ Time: __________ Place: _______________________________________

REPORTER OR COMPLAINANT
_________________________________________ I am a: ( ) Student ( ) District Personnel ( ) Other (specify) ______________
Name (Print) Contact Information: Phone: ____________________ e-mail: ____________________
If District Personnel: Work Phone: ______________ Building: ____________________
Were you the target of the prohibited conduct that you are reporting? ( ) Yes ( ) No
If not, please list below the name of the person who was the target of the prohibited conduct.

TARGET OF PROHIBITED CONDUCT
_________________________________________ The Target is a: ( ) Student ( ) District Personnel ( ) Other (specify) ______________
Name (Print) IF Target is a Student, include CIF#: __________ and Home School: ____________________
Contact Information (if known): Phone: ____________________ e-mail: ____________________

ALLEGED OFFENDER(S)

Updated 9/2/2020
Who engaged in the prohibited conduct? Name: __________________________________________________________

They are a: ( ) Student ( ) District Personnel ( ) Other (specify) __________________________

IF Alleged Offender is a Student, include CIF#: ______________ and Home School: __________________________

WITNESSES

Please list and identify any witnesses to the incident.

They are a:

Name: _________________________________ ( ) Student ( ) District Personnel ( ) Other (specify) ______________

Name: _________________________________ ( ) Student ( ) District Personnel ( ) Other (specify) ______________

Name: _________________________________ ( ) Student ( ) District Personnel ( ) Other (specify) ______________

Describe the incident in detail. (Attach additional pages if needed.)

_________________________________________________________________________________________________

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_________________________________________________________________________________________________

I, _______________________________________, am submitting this form to report discrimination, harassment, violence, retaliation, or bullying which I witnessed, was the target thereof, or which I received a report or complaint thereof. The information contained in this complaint is true and accurate to the best of my knowledge, belief, and recollection.

____________________________________________  ______________________________
Reporter/Complainant Signature                  Date

____________________________________________  ______________________________
Responsible Administrator Signature             Date Received

This part is to be completed by the District/School:

Was the complaint(s) substantiated? No_____ Yes_____ (please list type of conduct substantiated) ______________

This completed form must be filed with the appropriate responsible administrator consistent with Policy 415.00 and Procedure 505.00.01. Complaints alleging sexual harassment should be directed to the Title IX Coordinator.