



415 FORM: REPORT OF DISCRIMINATION, HARASSMENT, VIOLENCE, BULLYING AND OTHER OFFENSIVE BEHAVIOR

Type of Prohibited Conduct Being Reported:

DISCRIMINATION HARASSMENT VIOLENCE OTHER OFFENSIVE BEHAVIOR
 BULLYING RETALIATION

On the Basis of: (check all that apply)

none race creed sex marital status national origin
 age color religion familial status public assistance
 disability ancestry sexual or affectional orientation gender identity and expression

Saint Paul Public Schools (the District) commits to supporting and maintaining a respectful learning and work environment that is free from discrimination, harassment, violence, and other offensive behavior based on an individual's race, creed, sex, marital status, national origin, age, color, religion, ancestry, status with respect to public assistance, sexual or affectional orientation, gender identity and expression, familial status, or disability.

The District prohibits discrimination, harassment, violence, or other offensive behavior by or toward a student, District employee, or third party 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 and Procedure 415.00.01 define various types of harassment, violence, and other offensive behavior. They also prohibit retaliation and set forth procedures for reporting violations. [Policy 415.00](#) and [Procedure 415.00.01](#) can be found at spps.org/boardpolicies.

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

_____ Name (Print) The Target is a: Student District Personnel Other (specify) _____

IF Target is a Student, include CIF#: _____ and Home School: _____

Contact Information (if known): Phone: _____ e-mail: _____

ALLEGED OFFENDER(S)

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.)

I, _____, am submitting this form to report discrimination, harassment, violence, bullying or other offensive behavior 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

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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 [Procedure 415.00.01](#) and [Procedure 505.00.01](#).