Introduction Information

415 Form: Discrimination, Harassment, Violence, and Retaliation

Saint Paul Public Schools (the District) commits to supporting and maintaining a respectful learning and work environment that is free from retaliation and discrimination, harassment, or violence, based on an individual's 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, or membership or activity in a local commission as defined by Minn. Stat. 363A.03.

The District prohibits retaliation and discrimination, harassment, violence, 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 defines various types of harassment, violence, and other offensive behavior. It also prohibits retaliation and identifies procedures for reporting violations. Policy 415.00 can be found at spps.org/policy.

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.

Please see the 415 cover sheet if you have any questions about the 415 complaint process. To start the form, select the blue button below.
Reporter Information

Please provide us with some information about you as the reporter of the incident:
(A response is NOT required to submit the 415 form):

Your First and Last Name:

Reporter Information

I am a:

- Student
- District Personnel (e.g., employees, volunteers, contractors)
- Parent/Guardian
- Other (please specify)

Reporter Student Contact Information

Primary School

Phone:

Student Number (if known)

Email (if filled out, a copy of the form will be sent to you):

Reporter District Personnel Contact Information

Primary Place of Work:
Work Email (if filled out, a copy of the form will be sent to you):

Phone:

Email (if filled out, a copy of the form will be sent to you):

**Target Y/N skip**

Are you reporting on behalf of yourself? *(Response required)*

- Yes
- No

Identify the target or victim you are reporting. You can identify up to 5 people or leave it blank.

<table>
<thead>
<tr>
<th>Name</th>
<th>Target is a:</th>
<th>If Student: Student Number (if unknown, write unknown)</th>
<th>If Other: Please Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Last</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Person #1</td>
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<tr>
<td>Person #2</td>
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<tr>
<td>Person #3</td>
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<tr>
<td>Person #4</td>
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<td>-</td>
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<tr>
<td>Person #5</td>
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</tr>
</tbody>
</table>

**Alleged Offender**
Identify the person(s) who you think engaged in the prohibited conduct. You can identify up to 5 people or leave it blank.

<table>
<thead>
<tr>
<th>Name</th>
<th>Person is a:</th>
<th>If Student: Student Number (if unknown, write unknown)</th>
<th>If Other: Please Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Last</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person #1</td>
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<td>Person #2</td>
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<td>Person #3</td>
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<td>Person #4</td>
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<tr>
<td>Person #5</td>
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</tbody>
</table>

**Witness 1**

Identify the person(s) who you think witnessed the event. (You can list up to 3 witnesses or leave it blank.)

<table>
<thead>
<tr>
<th>Witness Name</th>
<th>Witness is a:</th>
<th>If Other: Please Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Last</td>
<td></td>
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<tr>
<td>Witness #1</td>
<td></td>
<td></td>
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<tr>
<td>Witness #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witness #3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date, Time, Location**

Where did the incident take place? *(Response required)*

Do you have any other information you want to share on the place of incident?

Enter the date the incident took place:
What time of day did the incident occur?

Has the incident been entered in Infinite Campus?
(This may not be relevant for all reports. Some incidents may not result in disciplinary action or may not have all the information available yet to report an incident in Infinite Campus. For example, instances of Title IX sexual harassment must be reported the day of the report/incident.)

- Yes
- No

Enter the incident ID from Infinite Campus:

Incident detail

What type of prohibited conducted would you like to report? (Select all that apply. Response required.)

- Bullying (*students only)
- Discrimination
- Harassment
- Sexual Harassment
- Retaliation
- Violence

What was the prohibited conducted based on?

- age
- color
- creed
- disability
- familial status
- gender identity and expression
What was the type of religion the prohibited conduct was based on? *(Answering this question is optional)*

- [ ] Atheist/Agnostic
- [ ] Buddhist
- [ ] Catholic
- [ ] Eastern Orthodox (Russian, Greek, Other)
- [ ] Hindu
- [ ] Islamic (Muslim)
- [ ] Jehovah’s Witness
- [ ] Jewish (Judaism)
- [ ] Mormon (Latter-day-Saint)
- [ ] Multiple Religions, Group
- [ ] Other Christian
- [ ] Other Religions
- [ ] Protestant
- [ ] Sikh

**Incident Information**

Please describe the incident or incidents in detail: *(Response required)*

If you have supporting documentation, such as photos or other evidence, please include a description of the supporting documentation in the narrative. You can submit all
documentation with a paper copy of this form or turn it in during the investigation, if you submit this form electronically.

Signature:
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 Electronic Signature (A signature is not required to submit the 415 form for investigation):
(Please sign here using your mouse, stylus, or finger)

Signature

To submit the form you have just filled out, there are two options:
1) You can review your responses and then print and/or download the form to physically turn in to a building administrator or district department head.
2) You can submit the form electronically to the building administrator or the district department head that you select in the drop down menu.
Both options will result in an investigation and determination.
If you are unsure who should receive a copy of this report and it involves students, you can turn it in to your Assistant Superintendent.
If you are unsure who should receive a copy of this report and it involves district personnel, you can turn it in to the Executive Director of Human Resources or the Equal Employment Opportunity Director in the drop down menu.

☐ I would like to print the form so that I can turn it in on my own
☐ I would like to submit the form electronically

1) I would like to review my responses and then print and/or download the form to physically turn in for further investigation and follow-up:

*Selecting this option will NOT save or record any of your responses. Selecting this option will NOT forward your responses to anyone. To preserve this information you should print a copy of this page for your records.

☐ Review a copy of the 415 form for printing or downloading

2) I would like to submit the form electronically to a building administrator or supervisor for further investigation and follow-up:

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