

SCOTT COUNTY SCHOOL DISTRICT

Unlawful Discrimination/Harassment or Sexual Violence Complaint Form - Student

Report Filed by: Victim Third Party Anonymous

COMPLAINANT INFORMATION

Check one: Student Faculty Staff Applicant (Student/Employee) Other

Name _____ SS Number _____

Gender: _____ Race: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

(If a student) Classification: _____ Grade: _____

(If an employee) Position/Title: _____

TYPE OF COMPLAINT (CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> Sex/Sexual Harassment | <input type="checkbox"/> Gender-Based | <input type="checkbox"/> Sexual Assault/Violence |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Race | <input type="checkbox"/> Color |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability/Handicap | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Other _____ | | |

RESPONDENT INFORMATION(Person you believe to be responsible for the alleged act)

Name _____ Gender Male Female Race _____

The respondent is: Student Faculty Staff Other _____

(If an employee) Position/Title _____ School _____

Your relationship to the respondent (if any) _____

Date/Time of the alleged incident: _____ Location of alleged incident: _____

WITNESSES (Relationship information means classmates, teacher, cafeteria staff, etc)

_____ Witness 1	_____ Relationship	_____ Phone
_____ Witness 2	_____ Relationship	_____ Phone
_____ Witness 3	_____ Relationship	_____ Phone

Has this incident been reported to any other department(s) in the SCSD?

Yes No If yes, provide the following:

Department/School _____ Contact Person: _____

Phone _____ Location: _____

Was the incident reported to law enforcement: Yes No If yes, what agency? _____

Describe in detail your complaint (Attach additional sheets if necessary)

Empty box for describing the complaint.

Describe the corrective action you are seeking (Attach additional sheets if necessary)

Empty box for describing the corrective action.

Complainant Certification

I certify that the information presented in this complaint is true and correct.

(Signature of Complainant)

Date

For School Use Only

Complaint taken/received by:

(Signature of Representative)

Date