NORTHWEST SUBURBAN INTEGRATION SCHOOL DISTRICT #6078 HARASSMENT AND VIOLENCE REPORT FORM – Policy 413

General Statement of Policy Prohibiting Harassment and Violence

Northwest Suburban Integration School District #6078 (NWSISD) maintains a firm policy prohibiting all forms of discrimination. Harassment or violence against students or employees or groups of students or employees on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, or disability is strictly prohibited. All persons are to be treated with respect and dignity. Harassment or violence on the basis of race, color, creed, religion, national orientation, or disability is strictly prohibited. All persons are to be treated with respect and dignity. Harassment or violence on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, or disability by any pupil, teacher, administrator, or other school personnel, which create an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

(Complainant Signature)	(Date)
This complaint is filed based on my honest belief that me or to another person or group. I hereby certify that correct, and complete to the best of my knowledge and	has harassed or has been violent to at the information I have provided in this complaint is true, belief.
List any witnesses that were present	
	ng such things as: what force, if any, was used; any verba if any, physical contact was involved; etc. (Attach additiona
If the alleged harassment or violence was toward anoth	er person or group, identify that person or group.
Name of person you believe harassed or was violent tov	vard you or another person or group.
Basis of Alleged Harassment/Violence - circle as approp age \ marital status \ familial status \ status with regard	riate: race \ color \ creed \ religion \ national origin \ sex \ to public assistance \ sexual orientation \ disability
Date of Alleged Incident(s)	
Home Phone Work Phone	
Complainant Home Address Work Address	
Complainant	

Received by_

(Date)