

**Harassment/Discrimination Reporting Form**

This form provides the opportunity for students, staff or parents to report violation(s) of Board Policy 09.42811, 03.162 or 03.262 and to secure an equitable and prompt resolution. This procedure shall be implemented in compliance with the appropriate Board Policy and shall be used to document all complaints, whether addressed informally or formally. If you choose to mail this form, please use the address below:

Assistant Superintendent for Support Services  
Bullitt County Public Schools  
1040 Highway 44 East  
Shepherdsville, KY 40165

<b>Complainant's Name</b> _____			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<b>Address</b> _____			
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>School</b> _____	<b>Grade</b> _____	<b>Homeroom/Classroom</b> _____	
<b>Phone Number</b> _____			
<b>If Complainant is a student please provide the following information:</b>			
<b>Student's Age</b> _____	<b>Date of Birth</b> _____		
<b>Name of Parent/Guardian</b> _____		<b>Daytime Phone #</b> _____	

**CONFIDENTIALITY**

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

**HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)**

Date(s)/approximate time of the alleged incident(s): \_\_\_\_\_

Place alleged incident (s) occurred: \_\_\_\_\_

What type of harassment or discrimination was involved in the alleged incident?

- sexual       racial       on the basis of national origin       on the basis of disability

other type of harassment/discrimination? If other, specify: \_\_\_\_\_

Name of person you believe is guilty of harassment or discrimination: \_\_\_\_\_

Position (if employee): \_\_\_\_\_ Grade (if student): \_\_\_\_\_ Other (specify) \_\_\_\_\_

If the alleged behavior was directed toward another person, name that person: \_\_\_\_\_

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used. \_\_\_\_\_

**LIST ANY WITNESSES TO THESE EVENTS:** \_\_\_\_\_

*PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).*

**WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM?** \_\_\_\_\_

**Harassment/Discrimination Reporting Form**

**(PLEASE COMPLETE BOTH SIDES OF THIS FORM)**

*I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.*

_____	_____
<i>Signature of Complainant</i>	<i>Date</i>
_____	_____
<i>Signature of Parent/Guardian (not required)</i>	<i>Date</i>
_____	_____
<i>Received by</i>	<i>Date</i>

Investigator Assigned: _____ Assigned by: _____ Date: _____
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<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>Students/parents wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District’s school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.</li> </ul> <p style="text-align: center;"><a href="http://www.dm.usda.gov/employ/employeerelations/ags.htm">http://www.dm.usda.gov/employ/employeerelations/ags.htm</a></p>
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Review/Revised:6/15/2015