BALLARD COUNTY SCHOOLS
HARASSMENT/DISCRIMINATION REPORT FORM

This form provides the opportunity for a student, parent or employee to report violation(s) of Board policies 9..422/.42811 and to secure an equitable, prompt and satisfactory solution. This procedure shall be implemented in compliance with the Board policies above.

Student's Name_____ **Date of Birth**_____

Parent/Guardian's Name_____

Mailing Address_____

City, State, Zip Code_____

Home Telephone Number_____

Nature of discrimination/harassment: ___**Age** ___**National origin** ___**Sexual harassment**
___**Color** ___**Political affiliation** ___**Sexual orientation**
___**Disability** ___**Race**
___**Gender** ___**National origin**

Describe alleged incident (use additional sheets if necessary). Be complete and use full names/titles, dates, exact location(s), and specific occurrence(s), if appropriate.

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What results are you seeking by filing this form? (Use additional sheets if necessary.)

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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.

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Signature **Date**