

## STUDENT DISCRIMINATION/HARASSMENT COMPLAINT FORM

### General Statement of Policy Prohibiting Religious, Racial or Sexual Harassment

Murrieta Valley Unified School District maintains a firm policy prohibiting all forms of discrimination. Religious, racial or sexual harassment or violence against students or employees is discrimination. All persons are to be treated with respect and dignity. Sexual violence, sexual advances or other forms of religious, racial or sexual harassment 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 \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Alleged Incident(s) \_\_\_\_\_

Type of Discrimination:

Sexual Orientation - Gender Identity - Racial - Religion - Race - National Origin – Sexual

Name of person you believe harassed or was violent toward you or another person

\_\_\_\_\_

If the alleged harassment or violence was toward another person, identify that person

\_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used, any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved, etc. (Attach additional pages if necessary.)

\_\_\_\_\_

\_\_\_\_\_

Where and when did the incident(s) occur? \_\_\_\_\_

List any witnesses who were present

\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has harassed or has been violent to me or to another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by: \_\_\_\_\_

Date \_\_\_\_\_