

415 FORM: REPORT OF DISCRIMINATION, HARASSMENT, VIOLENCE, RETALIATION, AND BULLYING* (students only)

Type of Prohibited Conduct Being Reported: DISCRIMINATION () HARASSMENT () VIOLENCE () RETALIATION () BULLYING* (students only) On the Basis of: (check all that apply, must check one) none () race () creed () sex () marital status age () color () religion () familial status () public assistance disability () national origin () sexual or affectional orientation () gender identity and expression membership or activity on a local commission Saint Paul Public Schools ('the District') believes in the dignity of its students, staff, and all other District personnel. To that end, the District strives to maintain a learning and working environment that is free from discrimination, harassment or violence on the basis of race, color, national origin, creed, religion, marital status, familial status, sex, sexual or affectional orientation on the displayment of the promises of the displayment of the displ			
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	TARGET OF PROHIBITED CONDUCT		
IF Target is a Student, include CIF#: and Home School:	Name (Print) The Target is a:	() Student () District Personnel () Other (specify)	
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Contact Information (if known): Phone: e-mail:	Contact Information (if known): Phone:	e-mail:	

ALLEGED OFFENDER(S)

Who engaged in the prohibited conduct? Name: They are a: () Student	() District Personnel () Other (specify)
IF Alleged Offender is a Student, include CIF#:	and Home School:
W	ITNESSES
Please list and identify any witnesses to the incident.	
Name: () Stur	They are a: dent () District Personnel () Other (specify)
	dent () District Personnel () Other (specify)
	dent () District Personnel () Other (specify)
Describe the incident in detail. (Attach additional pa	
harassment, violence, retaliation, or bullying which I	, am submitting this form to report discrimination, I witnessed, was the target thereof, or which I received a ned in this complaint is true and accurate to the best of my
Reporter/Complainant Signature	Date
Responsible Administrator Signature	Date Received
This part is to be completed by the District/School:	
Was the complaint(s) substantiated? No Yes	(please list type of conduct substantiated)