



# SIOUX FALLS SCHOOL DISTRICT 49-5 COMPLAINT INVESTIGATION FORM

**STUDENT**

The Sioux Falls School District maintains a firm policy prohibiting unlawful discrimination, harassment, and bullying behaviors. Mistreatment by any person which creates an intimidating, hostile, or offensive educational environment will not be tolerated under any circumstances.

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Name of person(s) who engaged in the conduct \_\_\_\_\_

List any witnesses \_\_\_\_\_

Describe the incident(s)/conduct 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; what was done in attempt to avoid the situation, etc. (Attach additional pages if needed)

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\_\_\_\_\_  
\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has engaged in conduct involving one or more of the following (mark all that apply):

- Discrimination** (Policy AC/AC-R)  
based on my:  race;  color;  religion;  creed;  sex;  ancestry or national origin;  
 disability;  age;  military status;  genetic information;  other basis protected by law
- Harassment** (Policy JIAA/JIAA-R)  
based on my:  race;  color;  religion;  creed;  sex;  ancestry or national origin;  
 disability;  age;  military status;  genetic information;  other basis protected by law
- Bullying** (Policy JFCE)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_