

**FARGO PUBLIC SCHOOLS
HAZING COMPLAINT FORM**

The Fargo Public School District maintains a firm policy prohibiting all forms of hazing.
Hazing will not be tolerated under any circumstances.

Grievant Information

Complainant _____

Home Address _____ Phone _____

School _____

Nature of the Hazing Alleged (check all that apply)

- | | | | |
|-----------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Religion | <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Age | <input type="checkbox"/> National Origin | |

Summary of the Alleged Complaint

1. Date(s) on which alleged conduct occurred: _____

2. Where the alleged conduct occurred: _____

3. Names of witnesses (please specify whether employee, student, or other):

4. Name of person(s) who engaged in hazing (respondent), if the alleged hazing was toward another person, identify that person:

5. Describe in detail (include where and when) the specific incidents, occurrences, decisions, and other factual matters believed to constitute hazing or retaliation, including:
what force, if any, was used; any verbal statements (e.g. threats, demands, requests); what, if any, physical contact was involved (use additional sheets if needed):

6. Harm caused:

7. I request the following action be taken:

ACKNOWLEDGMENTS

I understand the following:

1. I have the right to be free of retaliation for filing this grievance. I agree to report any conduct which I believe is motivated by retaliation for filing this complaint. I understand, however, that if this statement contains accusations which I know are false, I may be subject to disciplinary action within the district and/or external legal action from those I have falsely accused.
2. The Fargo Public Schools will try to protect my identity from public exposure. The respondent, however, may be given factual information contained in this grievance in order to have an opportunity to respond to it.
3. I may have the right to file a complaint with civil rights agencies or to file legal actions in a court of law.
4. I understand that the investigating personnel are advocates for neither the grievant nor the respondent. Their responsibility is to investigate complaints from a neutral position to determine whether violations of the district's hazing policy have occurred.

I certify that the statements made in this grievance are true and accurate, and that I have read and understand the statements made in the acknowledgments section of the grievance.

Signature of Grievant

