

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 503.4.5.4P Adopted August 2006 Revised November 2016

Title **Follow-Up Report on Complaint of Harassment, Discrimination, Violence or Hazing**

**To:** Human Rights Officer:  
Director of Human Resources (concerns relating to *personnel* conduct)  
Director of Elementary Education (concerns relating to *student* conduct, grades K-5)  
Director of Secondary Education (concerns relating to *student* conduct, grades 6-12)  
Director of Special Education (concerns relating to a *student's disability*, including their rights under Section 504)

**From:** \_\_\_\_\_, Principal/Designee/other (circle one)

\_\_\_\_\_ , \_\_\_\_\_  
Position School

**Date:** \_\_\_\_\_

**Subject:** Fifteen-Day Follow-Up Report on Complaint of Harassment, Discrimination, Violence or Hazing

Approximately 15 days ago I completed the investigation of a complaint based on:  
(check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> race                                    | <input type="checkbox"/> national origin       | <input type="checkbox"/> marital status  |
| <input type="checkbox"/> religion                                | <input type="checkbox"/> sex                   | <input type="checkbox"/> creed           |
| <input type="checkbox"/> sexual orientation                      | <input type="checkbox"/> age                   | <input type="checkbox"/> disability      |
| <input type="checkbox"/> color                                   | <input type="checkbox"/> hazing (of a student) | <input type="checkbox"/> familial status |
| <input type="checkbox"/> status with regard to public assistance | <input type="checkbox"/> genetic information   |  |

harassment, discrimination, violence or hazing from \_\_\_\_\_  
(student/district personnel) in which I found that the complaint was substantiated.  
(circle one)

I have checked with the complainant to determine if the harassment, discrimination, violence or hazing has ceased or if it continues. He or she reports that it has:

\_\_\_\_\_ ceased \_\_\_\_\_ continues

I would also like to inform you that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Investigator **X** \_\_\_\_\_

Date \_\_\_\_\_

Signature of Complainant **X** \_\_\_\_\_

Date \_\_\_\_\_