

STUDENT WELFARE
FREEDOM FROM HARASSMENT

FFH
(EXHIBIT)

The following forms will be used by the District.

- Exhibit A: Student Complaint Form— Bullying, Sexual Harassment, Dating Violence — 2 pages
- Exhibit B: School-Based Stay-Away Agreement — 2 pages

EXHIBIT A

STUDENT COMPLAINT FORM
BULLYING, SEXUAL HARASSMENT, DATING VIOLENCE

Name of Targeted Student: _____

Student ID: _____ Grade Level: _____ Campus: _____

Answer the following questions about the incidents: _____

List the name(s) of the offending student(s): _____

What is the relationship between you and the offending student(s): _____

Describe the incident(s), including the date and time that it/they occurred and whether any witnesses were present: _____

Explain any other relevant factors: _____

I certify that all statements made in this complaint are true and complete. I understand that any intentional misstatement of fact will subject me to appropriate discipline.

Signature of Student: _____ Date: _____

Signature and printed name of school official receiving complaint:

Action taken: _____

Student or parent declined to complete form. The following staff member completed form on behalf of student: _____

Additional Information from Staff Members or Student(s)

Date	Documentation/Follow-up	Signature of Staff/Student

COMPLAINT FORM INSTRUCTIONS

A counselor or administrator who receives a report of bullying, sexual harassment, or dating violence should ensure that this form is completed by a student or by a parent or staff member on the student's behalf. Complaints can be received from another staff member, a student or a parent. A counselor or administrator should address the following issues with the student who is the target of the reported behavior in a private meeting prior to assisting the student in completing the complaint form:

Your Right to File a Complaint: The policy of the District is that all students and employees are to be free from bullying, sexual harassment, and dating violence. All charges of such conduct will be taken seriously by District and campus staff. The District and campus will make every reasonable effort to address and respond to complaints filed by students and employees in a fair, thorough, and just manner. Every reasonable effort will be made to protect the due process rights of all victims and all alleged offenders.

Instructions: Use the attached form to report bullying, sexual harassment, and dating violence so that the District and campus officials may investigate and take appropriate action to increase the safety of all involved individuals. When completing the form, provide as much detail as possible so that the complaint can be properly investigated. A school official can assist you in completing the form. Additional information can be attached to the complaint form.

Confidentiality: The complaint form will be kept confidential. Your complaint form will not be shown to the accused student.

EXHIBIT B

SCHOOL-BASED STAY-AWAY AGREEMENT

The intent of this agreement is to increase safety for students who have been the target of severe or repeated bullying, sexual harassment, or dating violence. It is being administered by the principal or designee in a conference with the offending student and his or her parent or guardian.

Name of offending student: _____

Description of offending behaviors: _____

If parent or guardian is not present, date and method of parent notification: _____

In order to protect the rights and safety of all members of the school community, I am being directed to stay away from _____ (name of targeted student) at all times during the school day and at any school-sponsored event. I understand that this means that I may not approach, talk to, sit by, or have any contact with this individual at school or on school property, school buses, or bus stops. I agree to these restrictions.

I understand that failure to follow the directives set forth in this agreement constitute insubordination and will result in the following disciplinary action:

The following schedule changes are in effect from the date of this agreement: _____

Violations of this agreement and acts of retaliation, directly or indirectly, toward the target student or the target student's friends or family members will be taken seriously and will result in further disciplinary actions. Your compliance will be monitored by the following District staff member: _____

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This agreement is valid from (date) _____ to

_____.

The agreement will be reviewed on (date) _____
and at any other time that the administrator or designee believes that a review is necessary.

Signatures:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Administrator or Designee: _____ Date: _____

cc: Principal
Assistant Principal
Counselor
Administrator