



## Hazing Report Form

**Administrative Procedure:** 571.1

**Date Adopted:** 6/13/2011

**Dates Reviewed:** 12/15/2014, 6/8/2015, 5/29/2018

**Section:** 500 STUDENTS

**Date Revised:** 12/15/2014

### I. GENERAL STATEMENT

An act of hazing, by either an individual student or a group of students, is expressly prohibited on school district property or at school-related functions. This policy applies not only to students who directly engage in an act of hazing but also to students who, by their indirect behavior, condone or support another student's act of hazing. This policy also applies to any student whose conduct at any time or in any place constitutes hazing that interferes with or obstructs the mission or operations of the school district or the safety or welfare of the student, other students, or employees.

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date and place of alleged incident(s): \_\_\_\_\_

Circle as appropriate the type of hazing:

Written      Verbal      Electronic      Physical

Name of person you believe hazed you or another person: \_\_\_\_\_

If the alleged hazing was toward another person, identify that person: \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal or written statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved, etc. (Attach additional pages if necessary.) \_\_\_\_\_

\_\_\_\_\_



**MOORHEAD**  
**AREA PUBLIC SCHOOLS**

**Independent School District 152**

**Probstfield Center for Education**

2410 14th St. S., Moorhead, MN 56560 ■ Fax: 218-284-3333

[www.moorheadschoools.org](http://www.moorheadschoools.org)

■ Superintendent: 218-284-3330

■ Assistant Superintendent for Learning and Accountability: 218-284-3310

■ Human Resources and Operations: 218-284-3350

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Where and when did the incident(s) occur: \_\_\_\_\_

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List any witnesses who were present: \_\_\_\_\_

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This complaint is filed based on my honest belief that \_\_\_\_\_  
has hazed me or another person. I hereby certify that the information I have provided in this complaint is true,  
correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Complainant Signature) (Date)

Received by \_\_\_\_\_  
(Date)