



Independent School District 152



1313 30th Ave. S., Moorhead, MN 56560



Phone: 218-284-3300



www.isd152.org



Fax: 218-284-3333

Hazing Report Form

Administrative Procedure: 526.1

Date Adopted: 6/13/2011

Dates Reviewed: 05/18/2021

Section: 500 STUDENTS

Date Revised: 05/18/2021

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 procedure 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 procedure 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.) _____

Where and when did the incident(s) occur: _____

List any witnesses who were present: _____

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)