

**LOWNDES COUNTY SCHOOL DISTRICT  
STATEMENT OF FACT FORM / COMPLAINT FORM  
RACIAL HARASSMENT OR RACIAL DISCRIMINATION**

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

Name of person making complaint or reporting incident:

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

Telephone Number: \_\_\_\_\_ Race: \_\_\_\_\_

Alleged perpetrator(s) of racial harassment or racial discrimination:

Name: \_\_\_\_\_

Address, if known: \_\_\_\_\_

Telephone Number, if known: \_\_\_\_\_ Race: \_\_\_\_\_

School, if applicable: \_\_\_\_\_

Alleged Victim(s) of racial harassment or racial discrimination:

Name: \_\_\_\_\_

Address, if known: \_\_\_\_\_

Telephone Number, if known: \_\_\_\_\_ Race: \_\_\_\_\_

School, if applicable: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of day of incident: \_\_\_\_\_

Place where incident happened: \_\_\_\_\_

Names of all witnesses to racial harassment or discrimination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of conduct (give specific words, statements, actions, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if needed)

\_\_\_\_\_  
Signature of Complainant/Reporter

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Signature of receipt by DA: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of receipt by DCO: \_\_\_\_\_ Date: \_\_\_\_\_

**LOWNDES COUNTY SCHOOL DISTRICT  
INVESTIGATION REPORT  
RACIAL HARASSMENT OR DISCRIMINATION**

Name of Designated Administrator (DA) or Designee: \_\_\_\_\_

Person making complaint or reporting incident: \_\_\_\_\_

Date of receipt of complaint or report: \_\_\_\_\_

(You must complete this report and give to DCO within 10 days of receipt of complaint)

Describe investigation, including conference with person complaining or reporting (require them to complete statement of fact/complaint form); conference with alleged victim(s)(list charges or allegations made by the victim); conference with alleged perpetrator(s)(including whether perpetrator admits or denies allegations). You should, if possible, obtain written statements from victim(s), perpetrator(s), and witnesses. Statements should be signed and dated. Be sure to keep your notes of all conferences and date them. Attach all documents related to your investigation, including all statements taken, to this report. (Add additional page if necessary)

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Findings as to what you believe happened based upon the results of what you learned from your investigation: (Add additional page if necessary)

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Disciplinary Recommendations (Attach all disciplinary referral forms):

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\_\_\_\_\_  
Signature of DA or Designee

\_\_\_\_\_  
Date

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Signature of receipt by DCO: \_\_\_\_\_

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