

STUDENT DISCRIMINATION/SEXUAL HARASSMENT INCIDENT REPORTING FORM

Targeted Student: _____ **Report Date:** _____

Program Attended: _____ **Grade:** _____

CONTACT INFORMATION	
Reporting Person: Anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide name and contact information:	
Relationship to Targeted Student:	
Email Address:	Phone:

ALLEGED INCIDENT				
Date:	Time:	Location (check all that apply):		
Witnesses:		<input type="checkbox"/> Classroom	<input type="checkbox"/> Locker room	<input type="checkbox"/> Parking Lot
		<input type="checkbox"/> Hallway	<input type="checkbox"/> Sport field	<input type="checkbox"/> Bus
		<input type="checkbox"/> Restroom	<input type="checkbox"/> During supervised activity	
		<input type="checkbox"/> Playground	<input type="checkbox"/> On program property	
		<input type="checkbox"/> Internet	<input type="checkbox"/> On way to/from program site	
		<input type="checkbox"/> Cell phone	<input type="checkbox"/> Other (please describe)	
Person(s) Responsible for Alleged Discrimination/Sexual Harassment:				
Incident Description - include details of event as observed by or reported to you (please use additional paper if needed):				
Why do you think the incident occurred?				

RESULTS OF INCIDENT:

Did a physical injury result from the incident? Yes No If yes, please describe:

Was the targeted student absent from school as a result of the incident? Yes No

If yes, please describe reason and duration:

Other results? Please describe:

SUGGESTED REMEDY:

Please describe any corrective action you wish to see taken with regard to the incident:

ADDITIONAL AUTHORITIES CONTACTED:

Please provide any additional authorities contacted regarding this incident including dates of contact (Examples: school employee, parent, law enforcement agency, attorney, child protective services):

OTHER INFORMATION

Please provide any other information relevant to the incident:

Complainant:

Signature

Date

-----For Office Use -----

Person Receiving Reporting Form:

_____/_____/_____
Signature Title Date

PARENT/GUARDIAN/OTHER CONTACTED:

Please describe who, when, how:

RESOLUTION:

Resolved Unresolved Please explain how and when resolution was determined:

Remitted to NWESD 189 Compliance Officer:

Name: _____ / Date: _____

Presented to Board: 10/24/12