

Discrimination and/or Harassment Incident Report

4118.11/4218.11
4118.12/4218.12
Form 2

School _____

Incident: _____

Location of Incident: _____ Date: _____ Time: _____

Form Completed by: _____ Title: _____ Phone: _____

2. Perpetrator(s):											3. Victim(s)												
		Ethnicity							Perpetrator(s) attend school?				Ethnicity							Victim(s) attend school?			
	Male	Female	A	AI/AN	B	H	PI	W	Grade	Y	N		Male	Female	A	AI/AN	B	H	PI	W	Grade	Y	N
1.												1.											
2.												2.											
3.												3.											
4.												4.											

Ethnic/Racial Code Key: _____

A- Asian AI/AN- American Indian/Alaska Native B- Black or African American H- Hispanic/Latino PI- Pacific Islander W- White, not of Hispanic origin

Type and Nature of Incident: _____

Discrimination and/or Harassment related to the following protected class(es) (check all applicable):

Race Age Disability Marital Status Sexual Orientation Ancestry Pregnancy
 Color Sex Religion National Origin Genetic Information Gender Identity or Expression

Retaliation alleged (check if applicable):

Discrimination and/or Harassment Incident Report

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Form 2 (continued)

Description of Investigation

Complaint substantiated?

- Yes
 No

If yes, corrective action taken; if no, other actions taken.

Additional Comments

Complainant has been notified of appeals process Yes No

Other Agency Reports Filed? Yes No Agency Name(s): _____

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Form 2 (continued)**

NOTE: Depending on the particulars of each complaint, additional District policies and procedures may be implicated.
For purposes of assuring compliance with relevant procedures, please refer to the following District policies:

- 4118.14 / 4218.14- Personnel: Non-discrimination on the Basis of Disabilities
- 5145.4- Students: Non-discrimination
- 5145.6- Students: Sex Discrimination and Sexual Harassment

Copies to: Title IX District Coordinator []
 Human Rights Officer []
 Section 504/ADA Coordinator []
 Superintendent of Schools []

Received by Human Rights Officer on: _____ (date/initials)

Reviewed by Human Rights Officer on: _____ (date/initials)

Further action necessary: ___ Yes ___ No

If "Yes", what action: _____

Internal Use Only