

DISCRIMINATION/HARASSMENT

INCIDENT REPORT

Name of complainant: _____

Position of complainant: _____

Date of complaint: _____

Name of accused: _____

Date and place of incident(s): _____

Description of misconduct: _____

Harm caused: _____

Name(s) of witnesses (if any): _____

Evidence of discrimination/harassment (for example: letters, photos, etc. – attach if possible): _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Follow-up Comments: _____

School official: _____ Date: _____

LETTER TO PARENT/GUARDIAN

Date: _____

Dear Parent/Guardian:

A discussion was held with your child _____
(print child's name)
in regard to an alleged incident that occurred at school. It is my opinion that a resolution
was reached and no further action at this time is necessitated. Please contact me at
_____ to discuss this issue in more detail.
(telephone number)

Sincerely,

Building Principal

cc: File
Superintendent

Mailed on _____
(date)

FIRST LEVEL of ADMINISTRATIVE REVIEW:

PRINCIPAL

WAS COMPLAINT RESOLVED: _____ Yes _____ No

PRINCIPAL SIGNATURE COMPLAINANT SIGNATURE DATE

SECOND LEVEL of ADMINISTRATIVE REVIEW:

SUPERINTENDENT

WAS COMPLAINT RESOLVED: _____ YES _____ No

SUPERINTENDENT SIGNATURE COMPLAINANT SIGNATURE DATE

FINAL LEVEL of REVIEW:

SCHOOL DISTRICT BOARD

DECISION: _____

SIGNATURE of BOARD PRESIDENT OR DESIGNEE DATE