#### ADMINISTRATION

### Race, Color, and National Origin Harassment/Discrimination Reporting Form

This form is to be used by any employee or student who has either observed or been subject to race, color, or national origin harassment/discrimination. The incident should be reported as completely and accurately as possible. An investigation may require the complainant to be interviewed.

Date of Report:	Date and Time of Incident:		
Name & Race of person making charge of ha	arassment/discrimination:		
School:	Position or Grade:		
Address:	Telephone Number:		

Name(s) & Grade/Position of target(s):	Name(s) & Grade/Position of accused student(s):	Name(s) & Grade/Position of witnesses/bystanders:

	Information about the Target:						
Grade	Gen	der	Race				
	Male	Female	African	Asian/Pacific	Hispanic	Native	White
			American Islander American				
	Male	Female	African	Asian/Pacific	Hispanic	Native	White
			American	Islander		American	

Information about the Accused Student:							
Grade	Ger	nder	Race				
	Male	Female	African	Asian/Pacific	Hispanic	Native	White
			American Islander American				
	Male	Female	African	Asian/Pacific	Hispanic	Native	White
			American	Islander		American	

Information about the Witnesses/Bystander:							
Grade	Gen	der	Race				
	Male	Female	African	Asian/Pacific	Hispanic	Native	White
			American Islander American				
	Male	Female	African	Asian/Pacific	Hispanic	Native	White
			American	Islander	_	American	

Give a description of the radical harassment/discrimination in your own words (include the nature of the incident, what happened and the date and time of the incident)			

Where did the incident occur? (check all that apply)					
Bathroom	Hallway	In class with	In class without		
		Teacher	Teacher		
Cafeteria	To/From School	Bus Stop	Bus		
Playground	Auditorium	Gymnasium	School Sponsored		
			Event Area		
Other:					

Person making report signature: \_\_\_\_\_

Please see the Grant County policy on Race, Color, and National Origin Harassment/Discrimination for more information on the topic. Present this report to your building Principal or Designee not involved in the harassment/discrimination.

#### **OFFICE USE ONLY**

Principal or Designee Investigating this Report:\_\_\_\_\_

Date and Time of Investigation:

Students, Teachers, Staff Interviewed:			
Name(s) of target(s):	Name(s) of accused student(s):	Name(s) of witnesses/bystanders:	

Statement from target(s) (if different from the reporter):				

Statement from accused student(s) (use additional paper if necessary):		

Statement from witnesses/bystanders (use additional paper if necessary):

Findings (Outcomes) of Investigation:

Description of Resolution:

Date Resolution Completed: Date report of Resolution provided to all Parties:	
Repeat Offender? Yes □ No □ Parent Contacted?	 Yes □ No □
Referral to Guidance Counselor? Yes □ No □	
Services offered to victim:	
Services offered to accuser:	
Date and Time of Report to Police (if applicable):	
For Central Office Use Only	
Date report received:	
Resolution Approved? Yes $\Box$ No $\Box$	
	Review/Revised:3/9/2017