

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 harassment/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	Gender		Race					
	Male	Female	African American	Asian/Pacific Islander	Hispanic	Native American	White	
	Male	Female	African American	Asian/Pacific Islander	Hispanic	Native American	White	

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

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

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

Findings (Outcomes) of Investigation:

Description of Resolution:

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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 No

Review/Revised:3/9/2017