

North Kitsap School District
Discrimination/Harassment/504 Incident Report Form
(Optional form to be used with Policies 3207, 3210, 5010, 5011 & 5270)

The purpose of this form is to gather data on complaints of harassment or discrimination and provide initial information to assist in fact finding.

Discrimination is defined as unfair or unequal treatment of any person or denial of equal access to educational, employment, or workplace activities.

Harassment is any behavior or environmental factor that offends a person, by referring negatively or stereotypically to one's age, race, gender, color, creed, national origin, sexual orientation, religion, marital status, handicapping condition or status with regard to public assistance.

Today's Date _____ Date and Time of Incident _____

My Name _____ School/Department _____

1. Name of student or employee _____

If student, parent/guardian name _____

2. Location of incident _____

3. Description of problem (describe what happened, including who was there, and specific descriptions of any slurs or speech, symbols, or physical acts that suggest to you the behavior was an act of discrimination or harassment) _____

4. Besides the parties involved, who else witnessed the incident? _____

5. Was anyone injured? No Yes, physical Yes, emotional

Explain _____

6. Was property damaged? No Yes

Explain _____

7. Have you told anyone within the school or department? No Yes

Who? _____ Date _____

What was that person's response? _____

8. Would you like someone to help you with this issue (an advocate)? No Yes

If yes, who? _____

9. What would bring closure or resolution for you? _____

IF THE COMPLAINANT IS AN ADULT, PLEASE SEE THAT HE/SHE RECEIVES COPIES OF APPROPRIATE BOARD POLICIES. IF THE COMPLAINANT IS A STUDENT, PLEASE SEE THAT THE PARENT/GUARDIAN RECEIVES COPIES OF APPROPRIATE BOARD POLICIES WHEN NECESSARY.

Please complete the following information:

10. Did you notify any outside agencies? No Yes

If so, please indicate agency name, date, and response _____

11. Was law enforcement contacted? No Yes Which agency? _____

12. Was anyone taken into custody? No Yes Who? _____

13. Race and gender of offender _____

14. Race and gender of complainant _____

15. Other agencies to be contacted:

a) Tribal No Yes

Person Contacted _____ Date _____

Response _____

b) Religious No Yes

Person Contacted _____ Date _____

Response _____

c) Other _____

16. What other actions have been taken up to this point: _____

17. Is further fact-finding or discipline recommended? No Yes What type? _____

18. How does the student or employee feel about the way this incident was handled? _____

19. Other comments/recommendations or action to be taken _____

Please complete the following if the incident involves a student:

20. Was a parent notified? No Yes Who? _____ Date _____

21. How does the parent/guardian feel about the way the incident was handled? _____

Attach summary documents as needed.

Incidents involving students: Send completed form to counselor

Incidents involving employees: Send completed form to building principal/department supervisor

- 1. If “informal”, please delete name(s) and send to Title IX Compliance Officer for data collection purposes.**
- 2. If the complaint is either “Formal” or “Request Compliance Officer Contact”, please forward a copy to the Title IX Compliance Officer**

District Use:	Date received _____
	Follow-up needed? Yes <input type="checkbox"/> No <input type="checkbox"/>