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 with regard to race, religion, creed, color, national origin, sex, sexual orientation including gender expression or identity, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability.

Harassment is any behavior or environmental factor that offends a person, by referring negatively or stereotypically to one’s race, color, national origin (including language), sex, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability, status with regard to public assistance, or other distinguishing characteristics.

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. Other comments/recommendations or action to be taken _______________________________

                                   ________________________________
                                   ________________________________
                                   ________________________________
Please complete the following if the incident involves a student:

19. Was a parent notified?  No ☐  Yes ☐  Who? __________________________  Date ________

Attach summary documents as needed.

**Incidents involving students:** Send completed form to counselor

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

1. If “informal”, please delete name(s) and send to Brian Schultz/Title IX Compliance Officer Executive Director of Schools, 18560 1st Ave. NE, Shoreline, WA 98155 for data collection purposes.

2. If the complaint is either “Formal” or to “Request Compliance Officer Contact”, please forward a copy to Brian Schultz/Title IX Compliance Officer Executive Director of Schools, 18560 1st Ave. NE, Shoreline, WA 98155.

| District Use: | Date received | Follow-up needed? | Yes ☐ | No ☐ |