

Shoreline School District
Discrimination/Harassment Incident Report Form
(Optional form to be used with Policies 3209, 3210, 3308, 5010, 5012, 5013, 8700)

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 Tam Osborne, Title IX Compliance Officer/Director of Human Resources, 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 Tam Osborne, Title IX Compliance Officer/Director of Human Resources, 18560 1st Ave. NE, Shoreline, WA 98155.

District Use: Date received _____

Follow-up needed? Yes No