

Shoreline School District
Discrimination/Harassment/Bullying 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 other distinguishing characteristics of 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, 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.

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/guardian notified? No Yes Who?

Date

Attach summary documents as needed.

Incidents involving students: Send completed form to school counselor.

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

1. If 'Informal' please delete name(s) and send to Darlene Mendoza, Title IX Compliance Officer
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
Darlene Mendoza, Title IX Compliance Officer 18560 1st Ave NE Shoreline, WA 98155

District Use: Date received _

Follow up needed? No Yes