

## **INCIDENT REPORT**

Date of Report:				
Building Representative:		lg. / School:		
Indicate Type of Report:         Adult / Adult       Student / Student         Other (Please explain):				
Date of Incident:				
Date Communicated to Building Administrator:				
Date Communicated to Building Representative:				
Discrimination on the basis of:Race / ColorSex Gender IdentityReligion	<ul> <li>National / Ethnic Or</li> <li>Sexual Orientation</li> <li>Disability</li> <li>Creed</li> </ul>	igin Age Sexual Harassmer	ıt	
COMPLAINANT:				
	Male Female		•	
Name	Gender	Grade Level	Age	
Name	Male Female Gender	Grade Level	Age	
	Male Female		Agt	
Name	Gender	Grade Level	Age	
ACCUSED:				
	Male Female			
Name	Gender	Grade Level	Age	
	Male Female			
Name	Gender	Grade Level	Age	
	Male Female			
Name	Gender	Grade Level	Age	
WITNESS:				
	Male Female			
Name	Gender	Grade Level	Age	
	Male Female			
Name	Gender	Grade Level	Age	
	Male Female			
Name	Gender	Grade Level	Age	



## Provide a detailed description of the incident or concern: include where the incident took place, any verbal

comments and responses:

**Resolution Recommended by Building Representative:** 

Indicate Resolution Implemented:

Based on the evidence and investigation conducted by the AA Rep. the allegation has been:				
<b>Substantiated</b>	Not Substantiated	Other Resolution		
Signature of Principal or Building Admin.:				
Signature of Francipar of Dunuing Ruminit.		Data		

Date

## DISTRICT POLICY AND STATE LAW PROHIBITS RETALIATION AGAINST ALL PARTICIPANTS.