



**Reporting Form for  
Discrimination in School/Classroom Practices**

**I. Information about the person making this report**

Full Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School Building: \_\_\_\_\_

Affiliation:  Student  Parent/Guardian  Employee  Volunteer  Visitor  Other: \_\_\_\_\_

**If you are not the victim of the reported conduct, please identify the alleged victim.**

Name: \_\_\_\_\_

The alleged victim is:  Your child  Another student  District employee  Other: \_\_\_\_\_

**II. Information about the person(s) you believe are responsible for the discrimination you are reporting**

Name: \_\_\_\_\_  Student  Employee  Other: \_\_\_\_\_

Name: \_\_\_\_\_  Student  Employee  Other: \_\_\_\_\_

Name: \_\_\_\_\_  Student  Employee  Other: \_\_\_\_\_

**III. Information about the conduct you are reporting**

Approximate Date & Time of Incident: \_\_\_\_\_

Location Where Incident Occurred: \_\_\_\_\_

Frequency of Conduct:  Single incident  Occasional incidents  Persistent incidents

Please provide the name(s) of anyone who was present, even if only for part of the time, or has knowledge or information related to the reported conduct:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What happened? Provide details:

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I believe this discrimination was based on:

Age  Ancestry  Color  Creed  Disability  National Origin  Race  Religion

Have you reported this conduct to any other individual prior to giving this report?

Yes  No If yes, who did you tell? \_\_\_\_\_

I certify that this information is true and correct to the best of my understanding.

\_\_\_\_\_  
Signature of Person Reporting

\_\_\_\_\_  
Date