

Incident Report Form



Columbia Heights Public School District maintains a firm policy prohibiting all forms of discrimination including bullying, harassment, hazing. For more information, see school board policies 514, 525 and 526.

Definitions

Bullying means behavior by an individual student or group of students that is:

- intimidating, threatening, abusive or harmful and;
- involves an actual or perceived imbalance of power in which the student being bullied has difficulty defending himself/herself; and
- the conduct is repeated or forms a pattern and;
- materially and substantially interferes with a student’s educational opportunities or performance or ability to participate in school functions or activities or receive school benefits, services, or privileges.

Harassment means physical or verbal conduct, including, but not limited to, electronic communications, relating to an individual’s or group of individuals’ race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, including gender identity or expression, or disability when the conduct:

- has the purpose or effect of creating an intimidating, hostile, or offensive working or academic environment;
- has the purpose or effect of substantially or unreasonably interfering with an individual’s work or academic performance; or
- otherwise adversely affects an individual’s employment or academic opportunities.

Hazing means committing an act against a student, or coercing a student into committing an act, that creates a substantial risk of harm to a person, in order for the student to be initiated into or affiliated with a student organization, or for any other school-related purpose.

Name of person completing this form: _____

I am (Choose one) ___ Victim ___ Bystander ___ Parent/Guardian ___ Staff Member ___ Other: ___

Home address: _____

Phone number: _____ Email: _____

Date of alleged incident(s): _____ School: _____

Tell us what happened.

Student who was harmed: _____ Grade: _____ School: _____

Student (s) who did the harm: _____ Grade: _____ School: _____

Where did the incident happen? _____

When did the incident happen? _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used, any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved, etc. (*Attach additional pages if necessary*): _____

Check one or more boxes below.

The bullying, harassment or hazing was on the basis of:

- | | | |
|---|--|--|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Race/Color/National Origin | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation including gender identity and expression | |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Creed | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Socioeconomic Status | <input type="checkbox"/> Physical Appearance |
| <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Age | <input type="checkbox"/> Status with Regard to Public Assistance |
| <input type="checkbox"/> Academic Status Related to Student Performance | | <input type="checkbox"/> Other |

Did you see the event happen? ___ Yes ___ No

If no, who made the report to you? _____

Did anyone else see what happened? ___ Yes ___ No Who? _____

Was an adult nearby? ___ Yes ___ No Who? _____

_____ I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Reporter Signature: _____ Date: _____

Received by: _____ Date: _____

For Office Use Only

Incident ID #: _____ Other: _____