DISCRIMINATION <u>INTAKE</u> FORM – REPORT OF POSSIBLE DISCRIMINATION

The District prohibits discrimination and strives to maintain a safe, inclusive environment for all students and staff. Once the form is completed, the allegations will be reviewed by the District.

Complainant: An individual who is alleged to be the victim of discrimination.

Respondent: An individual who is alleged to have engaged in discrimination.

<u>CASE INFORMATION</u> (to be filled out by District))
Case Number:	
Reporter's Name:	
Email:	
Phone Number:	
Student ID:	Campus:
Employee ID:	Job Title:
Employee's School/Office Location:	
TYPE OF PROHIBITED CONDUCT	
Discrimination based on: (Check all that apply)	
□ Race	Sex Discrimination
National Origin	□ Dating Violence
🗆 Disability	Domestic Violence Sexual Assault
Religion	Stalking
🗆 Color	 Sex Characteristics Sex Stereotypes
□ Age	 Device Program Stereotypes Pregnancy
□ Retaliation	Hostile Environment Harassment
🗆 Other	Quid Pro Quo Harassment Gender Identity
	□ Sexual Orientation
If other:	
DATE INCIDENT OCCURRED Earliest: Latest	+ .

□ Continuing Action



ALLEGED VICTIM'S INFORMATION

Name:		
School/Department:	Job Title:	
Email:	Employee ID:	
Student ID:	Campus:	
Extra-Curricular Activities:		

INFORMAL RESOLUTION: Are you interested in the district's voluntary resolution process (not available when Respondent is employee)? □ Yes □ No

NATURE OF COMPLAINT: Please specifically describe your complaint against the named person(s) in the previous section, including how the person(s) harassed you, discriminated against you, assaulted you, or retaliated against you. Please describe the behavior, comments, or incidents that caused you to file your complaint. (Identify: Who, What, When, and Where)

Describe the prohibited conduct:

Please attach additional sheets, if necessary.



Were there any witnesses to this matter? $\hfill\square$ Yes $\hfill\square$ No

Name:	School/Department:
	Email:
Name:	School/Department:
Phone Number:	Email:
Name:	School/Department:
Phone Number:	Email:
Did the reporter discuss the incident	t with any witnesses previously identified? $\ \square$ Yes $\ \square$ No
Name:	Date:
	Date:
Method or Communication: Please identify any administrators, d report has been made:	listrict employees, or law enforcement agency to whom a
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Form filled out by:

Name

Date

