

DISCRIMINATION INTAKE 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.

CASE INFORMATION (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)

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex Discrimination |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Dating Violence |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Color | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Age | <input type="checkbox"/> Sex Characteristics |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sex Stereotypes |
| <input type="checkbox"/> Other | <input type="checkbox"/> Pregnancy |
| | <input type="checkbox"/> Hostile Environment Harassment |
| | <input type="checkbox"/> Quid Pro Quo Harassment |
| | <input type="checkbox"/> Gender Identity |
| | <input type="checkbox"/> Sexual Orientation |

If other: _____

DATE INCIDENT OCCURRED

Earliest: _____ Latest: _____

Continuing Action



Were there any witnesses to this matter? Yes No

If yes, please list those who witnessed the incident(s) or have knowledge of the incident. Please attach additional names if needed.

Name: _____ School/Department: _____

Phone Number: _____ Email: _____

Name: _____ School/Department: _____

Phone Number: _____ Email: _____

Name: _____ School/Department: _____

Phone Number: _____ Email: _____

Did the reporter discuss the incident with any witnesses previously identified? Yes No

Name: _____ Date: _____

Method or Communication: _____

Please identify any administrators, district employees, or law enforcement agency to whom a report has been made:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Form filled out by:

Name

Date