

DISCRIMINATION SUPPORTIVE MEASURES DOCUMENTATION FORM

This form is to document the supportive measures being offered to parties involved in complaints of discrimination.

CASE INFORMATION

Case Number: _____

Supportive Measures Recipient's Name: _____

Email: _____

Phone Number: _____

Student ID: _____ Campus: _____

Employee ID: _____ Job Title: _____

Employee's School/Office Location: _____

TYPE OF SUPPORTIVE MEASURES TO BE PROVIDED (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Counseling services | <input type="checkbox"/> Increased school monitoring |
| <input type="checkbox"/> Change of lunch schedule | <input type="checkbox"/> Limitation on extracurricular activities |
| <input type="checkbox"/> Change of locker location | <input type="checkbox"/> Change of work schedule/location |
| <input type="checkbox"/> Change of class schedule | <input type="checkbox"/> Review of district and code of conduct expectations with student by administrator |
| <input type="checkbox"/> Campus/Class escort | <input type="checkbox"/> Counseling of students regarding appropriate behavior expectations |
| <input type="checkbox"/> Training | |
| <input type="checkbox"/> Stay Away Agreement | |
| <input type="checkbox"/> Other: _____ | |

Date Measures are to Begin:

Earliest: _____ Latest: _____

- Continuing Action

Date Measures are to End:

Earliest: _____ Latest: _____

- Continuing Action



Names of Other Individuals Involved to Implement Measures:

Individual's Name: _____

Campus: _____

Employee ID: _____ Job Title: _____

Involvement in Measures: _____

Individual's Name: _____

Campus: _____

Employee ID: _____ Job Title: _____

Involvement in Measures: _____

Individual's Name: _____

Campus: _____

Employee ID: _____ Job Title: _____

Involvement in Measures: _____

Form filled out by:

District Official

Date

