Date of Report: _______________

Do you wish to remain anonymous: □ Yes □ No

If not proceeding anonymously, name of Reporting Party (Complainant): ________________

Reporting Party Email: ______________________________

Reporting Party Information:

☐ I am the person who experienced the misconduct.
☐ I am reporting conduct I observed.
☐ I am reporting conduct I learned about from another person.

I would like the report:

☐ To be investigated.
☐ To be used for informational purposes only
☐ I am not sure

Date of the incident: ________________

Name(s) of school, department, and person(s) involved: ________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Why do you believe this incident occurred:

☐ Age
☐ Ancestry/National origin
☐ Citizenship status/Immigration status
☐ Disability
☐ Sex/Gender
☐ Gender identity or expression
☐ Socioeconomic Status
☐ Race/Ethnicity
☐ Religion
☐ Sexual Orientation
☐ Other: ____________________

Description of the incident: _______________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Did anyone witness the incident?  ☐ Yes  ☐ No

Name(s) of witness(es) to the incident: ____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Have you reported the incident to other BVSD staff? If so, please list name and response:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If others are affected by the possible discrimination or harassment, please give their names:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What would your ideal course of action to address the incident be?:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you wish to be contacted? □ Yes □ No

Is there anything else you would like to share regarding this incident?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature of complainant                                               Date
______________________________________________________________________________

Signature of person receiving complaint                     Date
______________________________________________________________________________

End of File: AC-E2