St. Mary Parish Schools

Report No._____

REPORT OF RACE DISCRIMNATION/RETALIATION

Name of Reporting Person _____

(Check one) ☐ Student ☐ Parent/Guardian ☐ Employee ☐ Other_____

Basis for Report (check one)
☐ Information from student/name: _____
☐ Information from non-student/name: _____
☐ Personal Knowledge

Name(s) of Alleged Victim(s): _____

Name(s) of Alleged Perpetrator(s): _____

Name(s) of Alleged Witness(es): _____

Description of Alleged Race Discrimination/Race-based Retaliation (Must include specific acts, circumstances, dates, times, and other details known which give cause to believe that race discrimination and/or race-based retaliation occurred. Separate written statement may be attached.)

_____

Additional Information (Should include all other information known which may assist in investigation of report, such as how and when reporting party. Source learned of reported facts above, names of other persons who may have related information, etc. Separate statement may be attached.)

_____

Signature of Reporting Person _____ Phone No. _____

Date Submitted _____ Time Submitted _____ Email _____

Signature of Receiving Administrator _____ Date/Time Received _____

Signature of Supt/Designee _____ Date/Time Received _____

NEXT STEP: STEP 2 – INVESTIGATION

Signature of Investigator _____ Date/Time Received _____