



## Incident Report Form

Discrimination, harassment, bullying, and/or hazing in any form is strictly prohibited by the School District. All reports of discrimination, harassment, bullying and/or hazing will be promptly and equitably addressed.

- **Title IX of the Education Amendments** of 1972 (“Title IX”) specifically prohibits discrimination on the basis of sex in federally-funded education programs and activities and extends to employment.
- **Title VI of the Civil Rights Act** of 1964 prohibits discrimination on the basis of race, color, and national origin.
- **The Age Discrimination Act** of 1975 prohibits discrimination based on age.
- **Section 504 of the Rehabilitation Act** of 1973 and Title II of the Americans with Disabilities Act of 1990 prohibits discrimination against persons with disabilities.
- **The Pennsylvania Human Relations Act** prohibits discrimination on the basis of race, color, religious creed, ancestry, age, sex, national origin, handicap, or disability.
- Hazing is prohibited under Pennsylvania law.

It is the responsibility of the District to ensure that all students and members of the school community have a safe school environment. This includes ensuring that any incident of discrimination, harassment, bullying, or hazing is given immediate attention, including investigating the incident, taking appropriate corrective action, and providing students and staff with supportive measures as appropriate. Incidents alleging discrimination, harassment, bullying, or hazing will be taken seriously and handled in a prompt and equitable manner.

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Name of Person Reporting Incident \_\_\_\_\_

**Contact Information:**

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Name of School (Elementary, Middle, High, Vocational):**

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**Relationship to School:**

- Student
- Parent
- Faculty
- Employee
- Other: (please describe)



# Incident Report Form

Please describe the incident(s) that occurred (what was seen, heard or observed, when and who was present):

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Please identify the complainant, if someone other than the complainant is filing the report, and if the identity of the complainant is known. Please include the name and relationship of the complainant to the school (grade/year/job title, if employee):

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Please identify the alleged perpetrator, if known. Please include the alleged perpetrator's name and relationship to the school (grade/year/job title, if employee):

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If you are the complainant/victim and wish to remain anonymous, please check here.

Please understand that if you wish to remain anonymous, it may limit or prohibit the school from taking necessary or requested steps to address the incident and the report may be dismissed.

You may deliver or email this incident report to:

- The Title IX Coordinator Michael Barber at mbarber@kcsd.org or
- The Deputy Title IX Coordinator/Title IX Liaison Chris Marsala cmarsala@kcsd.org or
- The Principal or Assistant Principal

You will be contacted to further discuss the incident report.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:**

- If you are an employee/faculty member of the school or otherwise identified as a mandatory reporter of child abuse (pursuant to Chapter 23 PA.C.S. §6311), please be reminded that the nature of the report may require you to make a report to ChildLine 1-800-932-0313.
- School District Administrator, Compliance Officer and/or Title IX Coordinator, please be advised that the nature of this report may require you to notify law enforcement.