



# Westonka

PUBLIC SCHOOLS

## DISCRIMINATION INCIDENT REPORTING FORM

Independent School District No. 277 maintains a firm policy prohibiting all forms of unlawful discrimination. All students and staff are to be treated with respect and dignity. Unlawful discrimination by any teacher, administrator or other school personnel will not be tolerated under any circumstances.

Complainant \_\_\_\_\_

I am a current student at the District, or I am otherwise participating in, or attempting to participate in, an education program or activity of the District.

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Alleged Incident(s) \_\_\_\_\_

Name of person you believe unlawfully discriminated toward you or another student:

\_\_\_\_\_

If the alleged unlawful discrimination was toward another person, identify that person:

\_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary):

\_\_\_\_\_

\_\_\_\_\_

Where and when did the incident(s) occur: \_\_\_\_\_

\_\_\_\_\_

List any witnesses that were present: \_\_\_\_\_

\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has unlawfully discriminated against me or another student. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Complainant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Received By)

\_\_\_\_\_  
(Date)