# ELIZABETHTOWN AREA SCHOOL DISTRICT

**Bullying / Discrimination / Harassment Reporting Form**

Please return this completed form to the Compliance Officer:

**Dr. Walter Smith**
walter_smith@etownschools.org
717-367-1521

## Reporting Party Information

You may complete this form as the individual impacted, a witness, parent/guardian, or staff member.

**Name of Reporting Party:** _____

**Date of the Report:** _____

## Nature of Concern (Check all that apply)

Please indicate the type(s) of conduct being reported. The District will review the information provided to determine the appropriate response under District policy and applicable law.

[ ] Conduct based on race, color, or national origin

[ ] Conduct based on ancestry, religion, or creed

[ ] Conduct based on disability

[ ] Conduct based on age

[ ] General harassment (not based on a protected class)

[ ] Bullying or peer conflict

[ ] Physical conduct (e.g., hitting, pushing, unwanted physical contact)

[ ] Verbal or written conduct (e.g., threats, taunting, rumors, inappropriate comments)

[ ] Online or electronic conduct (e.g., social media, messaging, images)

[ ] Retaliation

[ ] Other concerning behavior_____

## Individuals Involved

**Person alleged to have engaged in the conduct:**

Name: _____

Grade (if student): _____

Relationship to District: □ Student □ Employee □ Third Party

If student (for internal coordination): □ Has IEP □ Has Section 504 Plan □ Unknown

**Person impacted by the conduct:**

Name: _____

Grade (if student): _____

Relationship to District: □ Student □ Employee □ Third Party

If student (for internal coordination): □ Has IEP □ Has Section 504 Plan □ Unknown

## Incident Information

Date(s) of Incident(s): _____

Approximate time(s): _____

Location(s): _____

Witnesses or others with relevant information: _____

_____

_____

## Description of the Incident

Please describe what occurred. Include as much detail as possible (who, what, when, where). Additional pages may be attached.

_____

_____

_____

_____

_____

_____

## Use of Technology

Was technology or a digital platform involved? [ ] Yes [ ] No

If yes, please describe: _____

_____

## Supportive Measures

Supportive measures may be available to help ensure access to the District's educational programs and activities and to support safety and well-being.

To request support or assistance, please contact the Compliance Officer.

## Confidentiality

The District will handle reports as confidentially as possible in accordance with applicable law and policy. Information may be shared on a need-to-know basis to investigate and respond to the report.

## Retaliation Prohibited

Retaliation against any individual for reporting or participating in a review or investigation is prohibited and should be reported immediately.

## Important Notice

Submission of this form will be reviewed to determine the appropriate response under District policy, including whether the reported conduct involves discrimination based on a protected class or other prohibited behavior.

## Verification

By completing and signing this form, I understand that the District will make reasonable efforts to contact me to follow up on this report and to discuss supportive measures and next steps.

I affirm that this report is accurate to the best of my knowledge at the time of submission

Signature: _____

Date: _____