

SKSD Anti-Racism, Anti-Discrimination and Anti-Harassment Policy Incident Reporting Form

Information		
Complainant / Reporter:		
Address:		
Phone / email:		
School Building / Grade Location (as applicable):		
Details		
Name(s) of Alleged Policy Violator(s):		
Name(s) of Alleged Victim(s) – if different from the Complainant / Reporter:		
Contact information of Alleged Policy Violator(s) where available:		
Please provide specific details of the alleged incident(s). Make sure to include the date(s), time(s), and place(s) where the alleged incident(s) occurred. Attach a separate sheet if necessary.		

Did anyone witness the event?	€ Yes	€ No
If yes, please provide the name(s) and contact information, if known, of any witnesses.		
Have you had a prior experience with this individual or have you reported this same individual previously for Policy Violation(s)?	€ Yes	€ No
If yes, please provide as much information as possible about the prior report, including the date.		

Additional Comments:	
Complainant / Reporter's Signature:	Date:
I hereby certify to the best of my knowledge, that all of the above-mentioned information is true, accurate, and complete.	
Received By:	Date:

Please note:

You are welcome to select who you would like to submit this form to for initial review. You will receive a notification of submission. You may submit this form anonymously. However, if you choose to submit anonymously, you will not be able to receive a follow up contact from the SKSD.

Available reporting avenues:

SKSD Human Resource

SKSD Superintendent