STUDENT BULLYING, DISCRIMINATION, AND/OR HARASSMENT REPORTING FORM

*Please complete this form and give it to the school principal/designee within 24 hours of report.*

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| --- | --- |
| Name of person who is completing this report:Click or tap here to enter text. | Today’s Date:Click or tap here to enter text. |
| Name of person(s) who is being victimized:Click or tap here to enter text. | GradeEnter Grade | School:Click or tap here to enter text. |
| Name of person(s) who is alleged to be engaging in bullying, discrimination and/or harassment:Click or tap here to enter text. | Grade  | School:Click or tap here to enter text. |
| Date(s) Actions Occurred:Click or tap here to enter text. |
| Type of Bullying, Discrimination or Harassment you believe occurred - (**Check all that apply)**: [ ]  Sex\* [ ]  Religion [ ]  Race [ ]  Marital/Parental Status [ ]  Color [ ]  Creed [ ]  Pregnancy [ ]  Homelessness Status [ ]  Ancestry [ ]  Gender Identity\* [ ]  Gender Expression\* [ ]  Belief/Non-Belief [ ]  Age [ ]  National Origin [ ]  Disability [ ]  Sexual Orientation\* [ ]  Other (please specify): Click or tap here to enter text.  |

\*If this is a complaint that may constitute sex discrimination or sexual harassment, please also notify the district’s Title IX Coordinator(s):

Dang Yang, 500 Main Street, Eau Claire, WI; dyang1@ecasd.us; 715-852-3069

Michelle Golden, 500 Main Street, Eau Claire, WI; mgolden1@ecasd.us; 715-852-3069

*Learn more about* [*Policy 2264—Nondiscrimination on the Basis of Sex in Education Programs or Activities*](https://go.boarddocs.com/wi/ecasd/Board.nsf/goto?open&id=D79M5H598EB3) *at* [*https://go.boarddocs.com/wi/ecasd/Board.nsf/Public*](https://go.boarddocs.com/wi/ecasd/Board.nsf/Public)

**In the space below, please answer the following questions and describe exactly what happened. Please tell in detail WHO was involved, WHEN and WHERE the incident took place, and WHAT occurred.**

**Description of what occurred (who, when, where, what, etc.):**

Click or tap here to enter text.

**Additional Questions**

What happened right **before** the incident?

Click or tap here to enter text.

What happened right **after** the incident?

Click or tap here to enter text.

Was the incident intentional, and why do you think that?

Click or tap here to enter text.

Has this incident or anything like this happened before? If so, please describe how often it happened and what happened.

Click or tap here to enter text.

Did any physical or emotional harm occur?

Click or tap here to enter text.

Why do you think this incident occurred?

Click or tap here to enter text.

Who else saw what happened?

Click or tap here to enter text.

Who else has been told about this concern (students, teachers, principal, parents, minister, etc.)? Please list their names:

Click or tap here to enter text.

Are there immediate needs? If so, what are they?

Click or tap here to enter text.

Are there any additional details about the incident that will help inform our response or information gathering process?

Click or tap here to enter text.

Signature of person making the report: Click or tap here to enter signature.

Signature of the person completing the report (if different than the person making the report): Click or tap here to enter signature.