

Academy School District 20 Report of Discrimination or Harassment

Reporter's Information

Name of Reporter: _____

Grade (for students): _____ School: _____

Department (for staff): _____

Phone No.: _____ Email: _____

Status of Reporter: Student Staff Teacher Other: _____

Date of Report: _____

If the reporter is not the alleged target, identify the alleged target(s): _____

Basis of Discrimination or Harassment

- Race Color Sex Sexual Orientation Religion National Origin
- Age (over 40) Marital Status Disability Retaliation

Offender's Information

Name(s) of Alleged Perpetrators of Discrimination/Harassment: _____

Grade (for students): _____ Dept. (for staff): _____ Location: _____

Status of Alleged Perpetrator(s): Student Staff Teacher Other: _____

Relationship of Alleged Perpetrator(s) to Reporter: _____

Supervisor Co-Worker Teacher Student Classmate Other: _____

Description of Events

Describe specific acts alleged with dates, times, and locations, if possible:

Witnesses

Has anyone witnessed the alleged behavior? Yes No

If yes, please list the names and contact information, if you know them.

Reporter's Remedial Actions

Did you take any action to stop the discrimination/harassment? Yes No

If yes, please summarize the action taken.

How would you like to see the situation resolved?

Additional information or comments:

Signed: _____ Date: _____

Please send all correspondence to me at the following: _____

My preferred numbers for phone contact are: 1. _____ 2. _____