



Discrimination Incident Reporting Form

The Central Valley School District is committed to a safe and civil educational environment for all students that is free from discrimination.

Please complete this form to report an incident and return to the District Compliance Officer.

Reporting person (optional) _____

Targeted student _____ **School** _____

Your email address (optional) _____

Your phone number (optional) _____ **Today's date** _____

Name of school adult you've already contacted (if any) _____

Name(s) of person that has demonstrated discrimination _____

Incident(s) date(s) (if known) _____

Where did the incident happen? Check all that apply.

- | | | | | |
|---|--|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Restroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Locker room |
| <input type="checkbox"/> Sport Field | <input type="checkbox"/> Parking lot | <input type="checkbox"/> School bus | <input type="checkbox"/> Internet | <input type="checkbox"/> Cell phone |
| <input type="checkbox"/> During a school activity | <input type="checkbox"/> Off school property | | | <input type="checkbox"/> On the way to/from school |
| <input type="checkbox"/> Other (please describe) | | | | |

Please check the box that best describes the discrimination. Please choose all that apply:

- Discrimination in counseling and guidance
- Discrimination in recreational or athletic activities
- Discrimination in sports teams and programs
- Discrimination in instructional materials
- Discrimination on the basis of race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a person with a disability. (Please circle all that apply)
- Other (please describe):

Describe the discrimination incident. What happened?

Were there any witnesses? **Yes** **No** If yes, please describe:

Did mental anguish result from this incident? **Yes** **No** If yes, please describe:

Was the targeted student absent from school as a result of the incident? **Yes** **No**
If yes, please describe:

What additional information can you provide?

Thank you for reporting!

FOR OFFICE USE

Received by _____ **Date received** _____

Action taken _____

Parent/Guardian contacted _____

Select one: Resolved Unresolved **Date** _____

Referred to _____