

Discrimination, Bullying, and Harassment Incident Report Form

TO BE COMPLETED BY THE REPORTER

Check One (1): STUDENT TO STUDENT STAFF TO STUDENT
 STUDENT TO STAFF STAFF TO STAFF

School/Site of Incident _____

Alleged Offender(s) _____

Complainant(s) _____

Reporter Name _____

Check One (1): Student Parent/Guardian Staff

Date of Incident _____

Description of Incident _____

Complainant(s) Comments _____

This incident was based on discriminatory, bullying, or harassing behavior in the category listed below:

AGE COLOR CREED NATIONAL ORIGIN RACE RELIGION MARITAL STATUS SEX
SEXUAL ORIENTATION GENDER IDENTITY/EXPRESSION PHYSICAL ATTRIBUTES PHYSICAL DISABILITY
MENTAL DISABILITY ANCESTRY SOCIOECONOMIC STATUS FAMILIAL STATUS OTHER: _____

TO BE COMPLETED BY THE ADMINISTRATOR

CONFIDENTIAL: Please share *non-specific action* taken with Complainant/Reporter.
Please attach **specific** action taken for Cumulative/Personnel File.

Action Taken by Administrator _____

Date of Action _____

Administrator Signature _____

Administrator Comments (optional) _____

**File this Report with your school and please fax a copy to the
Iowa Pride Network office: 515-276-6396**