

**INDEPENDENT SCHOOL DISTRICT NO. 309
INCIDENT REPORTING FORM**

*Please provide as much information as possible. All requested information is optional.
Please continue on the back of this page or on additional sheets if necessary.*

Name of Person Making Report _____ Date of Report _____
Address _____
Phone Number _____
Email Address _____

I am a (Check One)
Student ___ Grade/School _____
Employee ___ Position/School _____
Parent/Guardian ___ Other _____

Report Information:

Date of alleged incident(s) _____
Time of alleged incident AM/PM _____
Name of the alleged victim(s) or target(s)? _____
Name of the alleged wrongdoer(s)? _____

Where did the incident occur? _____

Did the incident involve (mark all that apply):

- Bullying ___
- Chemical use violation ___
- Cyberbullying ___
- Discrimination on the basis of: (mark all that apply) *race* __, *color* __, *creed* __, *religion* __, *national origin* __, *sex* __, *age* __, *marital status* __, *familial status* __, *status with regard to public assistance* __, *sexual orientation* __, *disability* __.
- Harassment ___
- Hazing ___
- Removal of student from school grounds with IEP by Peace Officers and Crisis Team ___
- Respectful workplace concern ___
- Title IX ___
- Violence or threats of violence ___
- Violent behavior by student ___
- Unacceptable use of district technology ___

Other: Please describe _____

Description of Incident(s): Describe the incident(s) as clearly as possible, including such things as: what force, if any was used; any verbal statements (i.e., threats, requests, demands, etc.); what if any, physical contact was involved:

List any witnesses that were present: _____

Attach any documentation or evidence that supports your complaint.

This complaint has been filed with my honest belief that Park Rapids Area Schools policies and expectations have been violated. I make this report in good faith and the information I have provided is true, correct, and complete to the best of my knowledge and belief.

Complainant Signature _____

Date _____

Received by _____

Date _____