

SELKIRK SCHOOL DISTRICT
INCIDENT REPORT
HARASSMENT & DISCRIMINATION

Student Reporting

Date & Time of Incident

Student Being Reported

PLACE INCIDENT OCCURRED

☐ RESTROOM

☐ CLASS (Rm # _____)

☐ MUSIC ROOM

☐ LOCKER ROOM

☐ PARKING LOT

☐ GYM

☐ BUS

☐ HALLWAY

☐ OTHER:

☐ LUNCH ROOM

☐ LIBRARY

BEHAVIOR REPORTED (check all areas that apply)

PHYSICAL	VERBAL	NON-VERBAL	SOCIAL
<input type="checkbox"/> Damaging property	<input type="checkbox"/> Name-calling	<input type="checkbox"/> Stare-downs	<input type="checkbox"/> Leaving out on purpose
<input type="checkbox"/> Pushing/Hitting	<input type="checkbox"/> Threats	<input type="checkbox"/> Gestures	<input type="checkbox"/> Encouraging others to avoid person
<input type="checkbox"/> Other _____	<input type="checkbox"/> Rumors	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Mean Teasing		
	<input type="checkbox"/> Other _____		

ADDITIONAL DETAILS – Please describe the incidents with as much description as possible, and explain why you consider it harassment/discrimination. Include the names of witnesses: _____

Why do you think this occurred? _____

Did a physical injury result from this incident? If yes, please describe. ☐ Yes ☐ No

Were you or another student absent from school as a result of the incident? ☐ Yes ☐ No

Are there any note, pictures, texts, screen shots or other evidence of the event(s) you are reporting? ☐ Yes ☐ No

FOR ADMINISTRATIVE USE ONLY:

[illegible]

Student Reporting Signature: _____ **Date:** _____

Administrative Signature: _____ **Date:** _____