

Willie Ross School for the Deaf

HARASSMENT, DISCRIMINATION AND HATE CRIMES REPORTING FORM

1. Name of Reporter/Person Filing the Report: \_\_\_\_\_

(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged event solely on the basis of an anonymous report.)

2. Check whether you are the: ☐ Target of the behavior ☐ Witness (not the target)

3. Check whether you are a:

- ☐ Student ☐ Staff member (specify role) \_\_\_\_\_  
☐ Parent ☐ Administrator ☐ Other (specify) \_\_\_\_\_

The best way to contact you regarding this report: \_\_\_\_\_

4. If student, state your school site: \_\_\_\_\_ Grade: \_\_\_\_\_

5. If staff member, state your work site: \_\_\_\_\_

6. Information about the incident(s):

Name of target (of behavior): \_\_\_\_\_

Name of person(s) you believe harassed or discriminated against you/target: \_\_\_\_\_

\_\_\_\_\_

Date(s) of incident(s): \_\_\_\_\_

Time when Incident(s) occurred (approximate time is fine): \_\_\_\_\_

Location of incident(s) (Be as specific as possible): \_\_\_\_\_

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7. Witnesses (List people who saw the incident or have firsthand information about it):

Name: \_\_\_\_\_ ☐ Student ☐ Staff ☐ Other \_\_\_\_\_

Name: \_\_\_\_\_ ☐ Student ☐ Staff ☐ Other \_\_\_\_\_

Name: \_\_\_\_\_ ☐ Student ☐ Staff ☐ Other \_\_\_\_\_

**8. Describe the details of the incident—including names of people involved and witnesses present, what occurred, and what each person did and said, including specific words used. Please use additional space on the back if necessary.**

**9. Signature of Person Filing this Report: \_\_\_\_\_ Date: \_\_\_\_\_**

(Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY

**10: Form given to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

## II. INVESTIGATION

1. Investigator(s): \_\_\_\_\_

**Position(s):** \_\_\_\_\_

## 2. Interviews:

☐ **Interviewed accused**      **Name:** \_\_\_\_\_      **Date:** \_\_\_\_\_

☐ **Interviewed target**      **Name:** \_\_\_\_\_      **Date:** \_\_\_\_\_

☐ **Interviewed witnesses**    **Name:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3. Any prior documented Incidents by the accused? ☐ Yes ☐ No

**If yes, have incidents involved target or target group previously?** ☐ Yes ☐ No

**Any previous incidents with findings?** ☐ Yes ☐ No

### Summary of Investigation:

(Please use additional paper and attach to this document as needed)

### III. CONCLUSIONS FROM THE INVESTIGATION

#### 1. Finding of discrimination, hate, or harassment:

☐ YES

☐ NO

☐ Incident documented as \_\_\_\_\_

☐ Discipline referral only \_\_\_\_\_

#### 2. Contacts

If students involved:

☐ Target's parent/guardian

Date: \_\_\_\_\_

☐ Accused's parent/guardian

Date: \_\_\_\_\_

☐ Law Enforcement

Date: \_\_\_\_\_

If staff involved:

☐ Target

Date: \_\_\_\_\_

☐ Accused

Date: \_\_\_\_\_

☐ Accused's supervisor

Date: \_\_\_\_\_

☐ Law Enforcement

Date: \_\_\_\_\_

#### 3. Action Taken:

☐ Loss of Privileges    ☐ Detention    ☐ Internal Suspension    ☐ External Suspension

☐ Community Service    ☐ Education    ☐ Warning    ☐ Termination

☐ Other \_\_\_\_\_

#### 4. Describe Safety Planning:

Follow-up with Target: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

Follow-up with Accused: scheduled for \_\_\_\_\_ Initial and date when completed: \_\_\_\_\_

If student involved, report forwarded to Education Director:

(If the Education Director was not the investigator)

Date \_\_\_\_\_

Report forwarded to President & CEO:

Date \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_