

**Exhibit 502.10-E(1): Student Level 1
Incident Report/Complaint Form**

Status: ADOPTED
Original Adopted Date: 7/31

INCIDENT REPORT (FORM A)

This form is used to identify and report a possible incident of prohibited behavior.

The person who observes the conduct or receives information about the concern should complete this form, not the targeted student or staff. Copies of this form should be forwarded to the Site or Department Level Case Manager (If required by your school district also forward this form to the Title IX Coordinator).

Date/Time of Report:		School/Dept.:	
Reporter Name:		Reporter Role:	
Reporter Phone:		Reporter Email:	
Date/Time of Incident:		Location of Incident:	

Name(s) of Target/Complainant:	Names(s) of Alleged Aggressor/Respondent: Name(s) of Witnesses/Bystanders:

Staff-to-Staff / Staff-to-Student / Student-to-Student / Student-to-Staff

Check all behaviors that apply.

PHYSICAL CONDUCT - Harm to another's body or property ("*" = Criminal Conduct/Mandatory Reporting)

<input type="checkbox"/> Threatening physical harm <input type="checkbox"/> Making offensive gestures <input type="checkbox"/> Blocking movement, cornering <input type="checkbox"/> Starting a fight <input type="checkbox"/> Shoving <input type="checkbox"/> Pushing <input type="checkbox"/> Pinching	<input type="checkbox"/> Scratching <input type="checkbox"/> Hair pulling <input type="checkbox"/> Spitting <input type="checkbox"/> Slapping <input type="checkbox"/> Kicking <input type="checkbox"/> Tripping <input type="checkbox"/> Biting <input type="checkbox"/> Hitting	<input type="checkbox"/> Destroying or defacing property* <input type="checkbox"/> Extortion* <input type="checkbox"/> Theft* <input type="checkbox"/> Arson* <input type="checkbox"/> Assault with a weapon* <input type="checkbox"/> Fondling* <input type="checkbox"/> Inappropriate sexual touching*	<input type="checkbox"/> Sexual touching* <input type="checkbox"/> Rape* <input type="checkbox"/> Dating violence* <input type="checkbox"/> Domestic violence* <input type="checkbox"/> Child sexual abuse* <input type="checkbox"/> Sexual assault* <input type="checkbox"/> Other:
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EMOTIONAL CONDUCT - harm to another's self-worth, in person, or electronically.

<input type="checkbox"/> Insulting gestures <input type="checkbox"/> Insulting remarks <input type="checkbox"/> Dirty looks <input type="checkbox"/> Name calling <input type="checkbox"/> Taunting	<input type="checkbox"/> Defacing or falsifying schoolwork/work <input type="checkbox"/> Insulting /degrading graffiti <input type="checkbox"/> Harassing and/or frightening phone calls, emails, texts, social media posts	<input type="checkbox"/> Cyberbullying or harassment <input type="checkbox"/> Racial, sexual, ethnic, or religious slurs <input type="checkbox"/> Insulting remarks related to disability, gender, or sexual orientation	<input type="checkbox"/> Threatening another to secure silence <input type="checkbox"/> Challenging in public <input type="checkbox"/> Unwanted sexually suggestive remarks, images, or gestures <input type="checkbox"/> Other:
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SOCIAL (RELATIONAL) CONDUCT- harm to another through damage (or threat of damage) to a relationship or feelings of acceptance, friendship or group inclusion.

<input type="checkbox"/> Using negative body language or facial expressions <input type="checkbox"/> Gossiping <input type="checkbox"/> Starting/spreading rumors	<input type="checkbox"/> Playing mean tricks/pranks <input type="checkbox"/> Insulting publicly <input type="checkbox"/> Ignoring someone to punish or coerce <input type="checkbox"/> Cyberbullying or harassment	<input type="checkbox"/> Threatening to end a relationship <input type="checkbox"/> Undermining other relationships <input type="checkbox"/> Passively not including in group	<input type="checkbox"/> Exclusion <input type="checkbox"/> Ostracizing total group rejections <input type="checkbox"/> Arranging public humiliation <input type="checkbox"/> Other:
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Staff-to-Staff / Staff-to-Student

Check all behaviors that apply

BOUNDARY CROSSING BEHAVIORS (* = Criminal Conduct/Mandatory Reporting)

<input type="checkbox"/> Overly personal comments <input type="checkbox"/> Discussing personal life with student / subordinate <input type="checkbox"/> Inappropriate jokes / comments <input type="checkbox"/> Special attention/activities	<input type="checkbox"/> Personal communication by social media <input type="checkbox"/> Personal communication by electronic communication <input type="checkbox"/> Cards, notes, texts that are sexual in nature / inappropriate	<input type="checkbox"/> Repetitive one-on-one interaction <input type="checkbox"/> Rides home <input type="checkbox"/> Gift giving <input type="checkbox"/> Meetings in isolated locations <input type="checkbox"/> Possessing/showing sexual images*	<input type="checkbox"/> Favoritism by gender <input type="checkbox"/> Inappropriate touching* <input type="checkbox"/> Sexual contact* <input type="checkbox"/> Other:
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(Use this space for brief comments to supplement checked box(es) above. Do not interview the target of the prohibited behavior to get additional information, only report what you saw or were told.)

Please attach any supporting documentation

Signature of Person Completing Incident Report

Date



OFFICE USE ONLY

Received by: Title:	Date:
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Criminal conduct or child abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Law enforcement/ child welfare contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted:	
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Information about the potential target/complainant:				
Grade/Age	Gender	Race	Currently enrolled or employee?	
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Information about the potential aggressor/respondent:				
Grade/Age	Gender	Race	Currently enrolled or an employee?	
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

