



## HARASSMENT, DISCRIMINATION, OR BULLYING INCIDENT FORM

At YWCP incidents of harassment, discrimination, and/or bullying are taken very seriously and are not tolerated. It is important to work with your school site teams initially, including teachers, counselors, administrators, etc. to ensure that they are aware of the problem and are able to address situations related to harassment, discrimination, or bullying without delay. Timely investigation will occur upon receiving this reporting form.

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**Today's Date:** \_\_\_\_\_ **Name of School:** Young Women's College Prep

**Date/time did the incident occurred:** \_\_\_\_\_

**Person initiating this report (optional):** \_\_\_ Student \_\_\_ Parent/Guardian \_\_\_ School Staff Member \_\_\_ Other  
 Name: \_\_\_\_\_

**Person Filling out Form:** \_\_\_ Student \_\_\_ Parent/Guardian \_\_\_ School Staff Member \_\_\_ Other  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Name of Student(s) Targeted:</b>	<b>Grade:</b>	<b>School:</b>
		YWCP
<b>Name of Alleged Offender(s), if known:</b>	<b>Grade/Position:</b>	<b>School:</b>
		YWCP
<b>Witness/es Name(s):</b>		

**Incident involved:** \_\_\_ only student offender(s) \_\_\_ both student and employee offender(s) \_\_\_ only employee offender(s)

**Where did the incident happen?**

- On school property (Including on a school bus or at a school-sponsored activity/event off school property)
- Off school property

**What happened?**

- Verbal threat, no physical contact
- Physical contact, but no verbal threat
- Both verbal threat and physical contact
- Intimidation or abuse with no verbal threat/ physical contact
- Other: \_\_\_\_\_

**Describe: Please describe?**

See attached statements.

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**(For Building Use Only): Administrative Action:** \_\_\_\_\_

Harassment, Bullying and Intimidation – Investigation Summary

Date of report: \_\_\_\_\_ Date(s) of investigation: \_\_\_\_\_

**Student(s) involved: Person(s) investigating:**

**DIRECTIONS:** Follow all steps, enter into PowerSchool, and send to Building Principal- via shared Counseling Drive.

**INTERVIEWS:** Conduct interviews where alleged offender and alleged target are separate. Avoid disclosing the identity of the reporter to avoid retaliation. Interview ALL persons involved; including those who witnessed the event (attach interviews if applicable)

Incident involved (circle one)		Nature of behavior (circle one)		Location		This incident was:			
<ul style="list-style-type: none"> <li>● Incident involving only student offender(s)</li> <li>● Incident involving both student and employee offenders</li> <li>● Incident involving only employee offenders</li> </ul>		<ul style="list-style-type: none"> <li>● Verbal threat, no physical contact</li> <li>● Physical contact, but no verbal threat</li> <li>● Both verbal threat and physical contact</li> <li>● Intimidation or abuse with no verbal threat/ physical contact</li> </ul>		<ul style="list-style-type: none"> <li>● On school property</li> <li>● At a school function</li> <li>● Off School property where could foreseeably create a risk of substantial disruption within the school environment (where it is foreseeable that the conduct, threats, intimidation or abuse might reach school property).</li> </ul>		<ul style="list-style-type: none"> <li>● A result of a written/oral complaint</li> <li>● Directly observed</li> </ul>			
VADIR Category 10: Intimidation, Harassment, Menacing of Bullying; no Physical Contact Determination				VADIR: Categories 1-9 Determination		Dignity Act: Material Incident Determination			
1. Have there been documented reports of repeated behaviors/previous incidents?		__Yes __No		5. Was there physical Contact?	__Yes __No	6. Was there observable change in target/bystander's behavior?		__Yes __No	
2. Is there evidence of an imbalance of power between the students?		__Yes __No				7. Was there a bias based on the person's actual or perceived?		__Yes __No	
3. Was the behavior any of the following? <input type="checkbox"/> Threatening, stalking, or coercion <input type="checkbox"/> Intentional <input type="checkbox"/> Fear of imminent injury <input type="checkbox"/> Intimidation		__Yes __No				9. What actions did occur as a result of this incident?			
4. As a result of this incident, did any of the following occur? <input type="checkbox"/> At least 1 full day ISS/OSS <input type="checkbox"/> Transfer to alternative setting <input type="checkbox"/> Referral to counseling/treatment program <input type="checkbox"/> 5 consecutive day suspension from transportation or activities <input type="checkbox"/> Law enforcement/Juvenile justice referral <input type="checkbox"/> Formal 3214 hearing		__Yes __No				<input type="checkbox"/> Verbal correction <input type="checkbox"/> Meeting with counselor <input type="checkbox"/> Awareness/Sensitivity session <input type="checkbox"/> Partial Day ISS/OSS <input type="checkbox"/> Increased supervision <input type="checkbox"/> Community Service <input type="checkbox"/> Lunch detention <input type="checkbox"/> Parent/guardian called <input type="checkbox"/> Meeting with principal/designee <input type="checkbox"/> Conflict resolution <input type="checkbox"/> After school detention <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Referral to treatment program <input type="checkbox"/> Referral to counseling services <input type="checkbox"/> Prevention or intervention program or strategy: explain _____ <input type="checkbox"/> Other: _____			
Are Questions 1-4 ALL marked yes?		__Yes __No				Are Questions 6 and 7 BOTH marked Yes?			

Harassment, Bullying and Intimidation – Investigation Summary

**Signature of Administrator/Designee:** \_\_\_\_\_