

Katonah-Lewisboro School District Discrimination/Harassment Incident Report Form

Today's Date: _____

School: _____

Person Reporting Incident (Check One)

 Student Parent/Guardian Staff Member Other

Name: _____ Phone: _____ Email: _____

Date of Incident: _____

Location of Incident: (please be specific) _____

Person believed to be victim of discrimination or harassment: _____

Grade: _____

Name of Accused: _____

Grade: _____

	Name of Witness	Grade of Witness (If known)
1.		
2.		
3.		

Please briefly describe what was observed/reported

First Reading: January 24, 2013
 Second Reading: February 7, 2013
 Third Reading & Adoption: February 28, 2013