

Form Used for Policies 401, 402, 506, 507, 508, 509, 521

**DISCRIMINATION, HARASSMENT, BULLYING, HAZING AND VIOLENCE REPORT FORM**

Agamim Classical Academy maintains policies prohibiting discrimination, harassment, bullying, hazing, and violence. These policies can be found on the Agamim website or obtained from the main office. All persons are to be treated with respect and dignity. Please use this form to report incidents of discrimination, harassment, bullying, hazing or violence.

Person completing report: \_\_\_\_\_

Home address: \_\_\_\_\_

Work address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

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

Basis of Alleged Harassment/Violence - circle as appropriate:

- *race \ color \ creed \ religion \ sex \ national origin \ gender \ age \ marital status \ familial status \ status with regard to public assistance \ sexual orientation \ disability*

Name of person(s) you believe harassed, bullied or was violent toward you or another person.

\_\_\_\_\_

If the alleged harassment or violence was toward another person(s), identify that person(s).

\_\_\_\_\_

Where and when did the incident(s) occur? Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (e.g, threats, requests, demands); what, if any, physical contact was involved; or other relevant information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach additional pages if necessary.**

List any witnesses to the incident(s).

\_\_\_\_\_

\_\_\_\_\_

My signature below shows that the information I have provided in this document is true, correct, and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Date Received by: \_\_\_\_\_

Date \_\_\_\_\_

*\*\*Please submit this form to the Head of School or designee as indicated by the applicable Agamim policy(ies).*