SAFE SCHOOLS INITIATIVE INCIDENT REPORT/COMPLAINT TRACKING FORM
Fairhaven Public Schools

Alleged Instigator:___________________________ Person Targeted:___________________________

1. **Bias Indicators related to incident** (Check any that apply):
   - □ Perpetrator and victim are from different groups
   - □ Derogatory words/writings/gestures used relating to victim’s group
   - □ Victim belongs to a group that is relatively small in number in school
   - □ Offender had prior incidents with members of victim’s group
   - □ Incident occurred on a holiday or date significant to victim’s group
   - □ Victim perceives that incident was motivated by his/her group membership
   - □ Victim participates in an activity/club promoting his/her group

2. **Injury to incident participants**: □ Yes □ No  If yes, state who was injured and describe injuries:
   
   ______________________________________________________________________________________

   ______________________________________________________________________________________

   ______________________________________________________________________________________

   ______________________________________________________________________________________

   ______________________________________________________________________________________

3. **Resolution Process Used**
   - □ Formal  □ Informal  □ Disciplinary Code  □ Other ____________________________

4. **Type of Incident** (Check all that apply):
   - PERSONAL
   - □ Threats/Intimidation  □ Fight
   - □ Sexual Harassment  □ Physical Attack, Assault
   - □ Harassment (except sexual)  □ No Weapon Used
   - □ Discrimination  □ Weapon(s) Used
   - □ Bullying  □ Identify weapon(s)
   - □ Cyber-Bullying/Harassment used: _________________
   - □ Derogatory Words/Gestures  □ Retaliation
   - □ Other ____________________________________________________________________________

5. **Type of Civil Rights/Anti-Bullying Policy Violation Found** (check all that apply):
   - □ Student to Student  □ Staff to Student  □ Student to Staff  □ Staff to Staff  □ Other _____
   - □ Race/Color  □ National Origin/Ethnicity  □ Disability
   - □ Retaliation  □ Bullying  □ Age
   - □ Religion  □ Sex (Gender)  □ Sexual Orientation
   - □ None/Not Applicable

6. **Additional Comments**
   
   ______________________________________________________________________________________

7. **Other Agency Reports Filed?**
   - □ Yes □ No  Agency: ____________________________________________________________
   
   Report Title: ___________________ Number/Name: ____________________________

8. **Designated Official Name**: ______________________________________________________

9. **Designated Official Signature**: ___________________ Date: ________________________

10. **Date Report forwarded to District Equity Coordinator**: ____________________________

11. **District Equity Coordinator Signature**: ___________________ Date: ______________________

Revised 9/28/10
S.C. Received: 1/13/16