

(For building use only)

Date _____

Incident reviewed by:

Name _____ Title _____

Findings Confirmed Unconfirmed (attach fact-finding notes)

Check all the characteristics of the incident that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Weight/other physical characteristics | |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Gender/identity expression |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Disability | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Other | | |

Action taken: _____

Check all incident types that apply:

- Involving intimidating or abuse, but no verbal threat or physical contact
- Involving verbal threats, but no physical contact
- Involving physical contact, but no verbal threat
- Involving verbal threat and physical contact
- Involving only student offenders