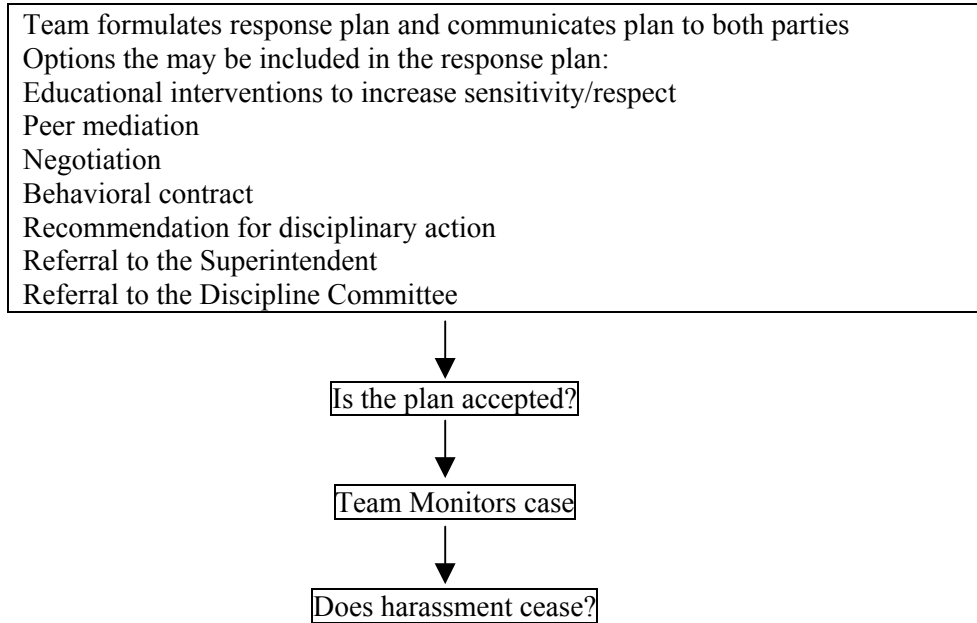


**Flow Chart of Response Plan**



**ACB-R2**

**Incident Report Plan  
And Response Plan  
Violence and harassment**

Name of person reporting incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date reported: \_\_\_\_\_

Name of person incident reported to: \_\_\_\_\_

Name of person (s) complaint filed against: \_\_\_\_\_

Description of the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Result of the investigation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Team formulates response plan and communicates plan to both parties

Options you may include, but not limited to:

- Educational interventions to increase sensitivity/respect
- Peer mediation
- Negotiation
- Behavioral contract
- Recommendation for disciplinary action
- Referral to the Superintendent
- Referral to the Discipline Committee
- Police Report

Name of Individual Preparing report \_\_\_\_\_

Submit this form the Superintendent's Office within 10 days of the incident.

**ACB-R3**

**Student/Parent/Community Member Reporting Form**

Report form for reports or complaints of sexual harassment, and harassment because of race, national origin, and disability

Complainant \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Did the Incident involve:

- Sexual harassment
- Racial harassment
- Harassment because of a disability
- Physical or verbal violence

Name of person you believe harassed you or another person: \_\_\_\_\_

If the alleged harassment was toward another person, identify that person: \_\_\_\_\_

Describe the incident: (include such things as what force, if any, was used, any verbal statements, any physical contact, attach additional pages in needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where did the incident occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The complaint is based upon my honest belief that \_\_\_\_\_ harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's signature \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_