



## **Galena Park Independent School District Incident Report Form**

### **Bullying, Discrimination, Harassment, Retaliation Instructions for Student/Parent**

#### **Your Right to File a Complaint:**

The policy of Galena Park ISD is that all students and employees be free from bullying, discrimination, harassment, and retaliation. All allegations of bullying, discrimination, harassment and retaliation are taken very seriously. The District will make every reasonable effort to handle and respond to allegations and complaints filed in a fair, thorough, and just manner. Every reasonable effort will be made to protect the due process rights of victims and alleged offenders.

#### **Instructions:**

Use this form to report bullying, harassment, discrimination and retaliation so that school officials may investigate and take appropriate steps to increase your safety.

Complete the form providing as much detailed information as possible so that the complaint may be properly investigated. It is important that you report the facts as accurately and completely as possible and that you cooperate fully with the persons designated to investigate the complaint.

#### **Where to file:**

Complaint forms will be available from any counselor, administrator or online. Once completed, the principal or designee will handle all complaints.

#### **Confidentiality:**

To conduct an investigation in a confidential manner, the school will disclose the contents of your complaint only to those persons who have a need to know of the complaint. In signing the complaint form, you authorize the disclosure, as needed, of the information you have provided, and may provide in the future, regarding your complaint. Your complaint form will not be shown to the accused student/parent.

#### **Retaliation prohibited:**

Retaliation against a person who files a formal complaint is strictly prohibited and is grounds for disciplinary action in accordance with the *Student Code of Conduct*.

**Galena Park Independent School District**  
**Incident Report Form**  
**Bullying, Discrimination, Harassment, Retaliation**

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

School: \_\_\_\_\_

**Please answer the following questions about the incident that prompted this report:**

- List the name(s) of the student(s) accused of bullying, discrimination, harassment, or retaliation:

\_\_\_\_\_

- Relationship between you and the accused student:

\_\_\_\_\_

- Describe the incident:

- Where and when did it happen?

\_\_\_\_\_

- Were there any witnesses?  Yes  No **If yes**, please provide the names of the witnesses

\_\_\_\_\_

- Have there been any previous incidents involving the accused student?  Yes  No **If yes**, please explain:

\_\_\_\_\_

- Other information, including previous incidents or threats:

\_\_\_\_\_

- Student or parent declines to complete this form

\_\_\_\_\_ *Initial*

\_\_\_\_\_ *Date*

I certify that all statements made in the complaint are true and complete. I understand that any intentional misstatement of fact may subject me to school discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation of my complaint.

Signature of student/parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of school official receiving complaint: \_\_\_\_\_ Date: \_\_\_\_\_

District Investigation Summary Completion Date: \_\_\_\_\_

# Galena Park Independent School District Witness Form

This form should be completed by the witness of an incident involving two or more students involved in an alleged act of bullying, discrimination, harassment or retaliation.

Victim: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Witness: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Accused: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Location: \_\_\_\_\_

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

Description of the Incident:

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List any other witness names and grades: \_\_\_\_\_

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Is there any physical evidence of the incident? Yes or No

If yes, please provide the administrator with examples. (i.e. letters, photos, text, etc.)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person receiving the statement: \_\_\_\_\_ Date: \_\_\_\_\_