

Catharine Blaine K-8 School

Racial Grievance Reporting Form:

Name of person reporting the incident. If you wish to remain anonymous, please leave this blank.

Contact information for person reporting the incident (email/phone number). If you wish to remain anonymous, please leave this blank.

Please describe the location, circumstance, date and time, and description of the incident. If you are reporting on behalf of someone else, please include their name if you have permission from them.

Have you experienced or witnessed a similar racist incident before, with or without the same offender? If so, please describe here.

Are you aware of any action that took place to interrupt or address the incident?

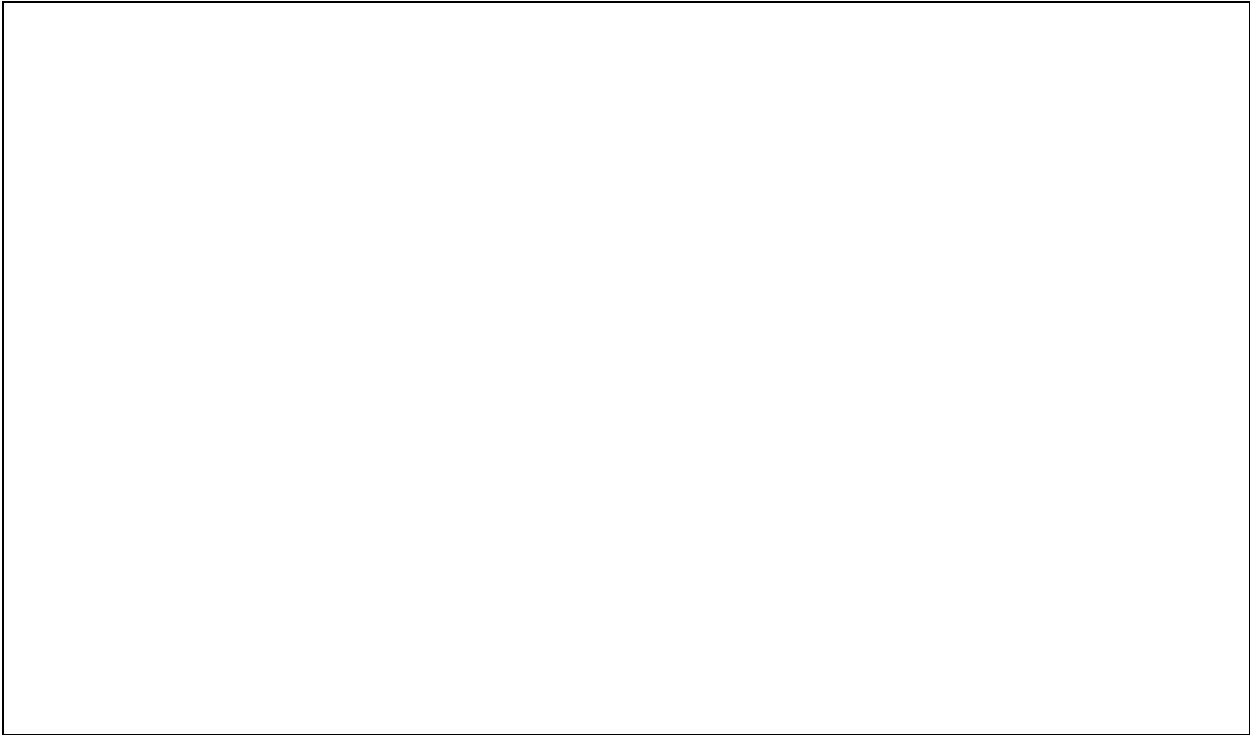
_____ Yes, I took action

_____ Yes, someone else took action

_____ No, no one took action

If yes, what action was taken and what was the result?

Please include any additional information you would like to share?

A large, empty rectangular box with a thin black border, intended for the user to provide additional information. The box is currently blank.