

**MONTGOMERY COUNTY PUBLIC SCHOOLS**

**Hate-Bias Incident Reporting Form**

Office of District Operations—Student Welfare and Compliance  
 MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

*This form is to be confidentially maintained in accordance with the Safe Schools Reporting Act of 2005, Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g. Questions regarding the reporting process and protocols should be addressed to Student Welfare and Compliance at [SWC@mcpsmd.org](mailto:SWC@mcpsmd.org) [240-740-3215]*

**DIRECTIONS**

Complete this form if you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, bystander, or a school staff member and wish to report an incident of alleged hate bias. Return the completed form to the principal at the alleged student victim’s school. Contact the school for additional information or assistance at any time. Incidents involving hate and discrimination in any form are serious and will not be tolerated.

In accordance with Maryland law, [MCPS Board Policy ACA, Nondiscrimination, Equity, and Cultural Proficiency](#), [MCPS Guidelines Responding to Hate-Bias Incidents](#), [MCPS Board Policy JHF, Bullying, Harassment, or Intimidation](#), hate-bias incidents include any conduct or incident that does the following:

- (1) Involves discrimination based on personal characteristics that include race, ethnicity, color, ancestry, national origin, religion, immigration status, sex, gender, gender identity, gender expression, sexual orientation, family/parental status, marital status, age, physical or mental disability, poverty and socioeconomic status, language, or other legally or constitutionally protected attributes or affiliations.
- (2) Involves any form of communication, including but not limited to visual, verbal, physical, written, or electronic communication.
- (3) Either (a) occurs on school property, at a school-sponsored activity or event, or on a school bus; or (b) substantially disrupts the orderly operation of a school.

Discrimination in any form will not be tolerated. It impedes Montgomery County Public Schools’ (MCPS’s) ability to discharge its responsibilities to all students and staff, and achieve our community’s long-standing efforts to create, foster, and promote equity, inclusion, and acceptance for all.

Today’s date \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ School System **MONTGOMERY COUNTY PUBLIC SCHOOLS**

**PERSON REPORTING INCIDENT (Please print all information)**

Name \_\_\_\_\_

Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

Check the appropriate box:

- Student    Parent/guardian/caregiver of a student    Close adult relative of a student    School staff    Bystander

**1. NAME OF ALLEGED STUDENT (OR GROUP) HARMED**

Name	Age	School (if known)

**2. NAME(S) OF ALLEGED WITNESS (if known) (Please print)**

Name	Age	School (if known)

**3. NAME(S) OF ALLEGED PERSON(S) WHO COMMITTED HARM (if known) (Please print)**

Name	School (if known)	Is alleged person who committed harm a student?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**4. ON WHAT DATE(S) DID THE INCIDENT(S) HAPPEN?**

\_\_\_\_/\_\_\_\_/\_\_\_\_   \_\_\_\_/\_\_\_\_/\_\_\_\_   \_\_\_\_/\_\_\_\_/\_\_\_\_   \_\_\_\_/\_\_\_\_/\_\_\_\_   \_\_\_\_/\_\_\_\_/\_\_\_\_   \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. WHERE DID THE INCIDENT(S) HAPPEN? (check all that apply)**

- On school property (*specify*) \_\_\_\_\_
- At a school-sponsored activity or event off school property
- On a school bus
- On the way to/from school
- Via Internet—sent off school property
- Via Internet—sent on school property

**6. WHAT STATEMENT BEST DESCRIBES WHAT HAPPENED? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Any conduct that involves physical aggression<br>(specify) _____  | <input type="checkbox"/> Racial Harassment (Specify _____ )         |
| <input type="checkbox"/> Verbal Harassment (teasing, name-calling, demeaning/critical<br>remarks, spreading gossip)  | <input type="checkbox"/> Religious Harassment (Specify _____ )      |
| <input type="checkbox"/> Threatening, in person or by other means  | <input type="checkbox"/> Sexual Orientation Harassment              |
| <input type="checkbox"/> Making rude and/or threatening gestures   | <input type="checkbox"/> Gender Identity or Expression Harassment   |
| <input type="checkbox"/> Written notes, drawings, pictures   | <input type="checkbox"/> National Origin Harassment                 |
| <input type="checkbox"/> Graffiti, vandalism to property   | <input type="checkbox"/> Immigration Status Harassment              |
| <input type="checkbox"/> Intimidating, extorting, or exploiting  | <input type="checkbox"/> Physical or Mental Disability Harassment   |
| <input type="checkbox"/> Cyber/Electronic Harassment (e.g., social media, including Facebook, Twitter, Vine, Snapchat, Periscope, Kik, Instagram, email, text,<br>sexting, etc.) | <input type="checkbox"/> Poverty or Socioeconomic Status Harassment |
| <input type="checkbox"/> Other ( <i>Please specify</i> ) _____   |   |

**7. WHY DID THE HARASSMENT, INTIMIDATION, OR BULLYING OCCUR? (ALLEGED MOTIVES)**

Provide detailed account of how the incident was motivated by actual or perceived personal characteristics, including race, ethnicity, color, ancestry, national origin, nationality, religion, immigration status, sex, gender, gender identity, gender expression, sexual orientation, family structure/parental status, marital status, age, ability (cognitive, social/emotional, and physical), poverty and socioeconomic status, language, or other legally or constitutionally protected attributes or affiliations. Please provide detailed information below.

**8. DESCRIBE THE INCIDENT(S), INCLUDING WHAT THE ALLEGED PERSON WHO COMMITTED HARM SAID OR DID. (ATTACH A SEPARATE SHEET IF NECESSARY)**

**9. DID A PHYSICAL INJURY RESULT FROM THIS INCIDENT?**

- No    Yes, but it did not require medical attention    Yes, and it required medical attention  
If there was a physical injury, do you think there will be permanent effects on the student victim?  Yes    No

**10. WAS THE ALLEGED STUDENT HARMED ABSENT FROM SCHOOL AS A RESULT OF THE INCIDENT?**

- Yes    No   If yes, how many days was the alleged student harmed absent from school as a result of the incident? \_\_\_\_\_

**11. DID A PSYCHOLOGICAL INJURY RESULT FROM THIS INCIDENT?**

- No    Yes, but psychological services have not been sought    Yes, and psychological services have been sought.

**12. IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE? (ATTACH A SEPARATE SHEET IF NECESSARY)**

**SIGNATURE**

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_