



DIGNITY FOR ALL STUDENTS ACT

REPORT FORM



This form **CAN** be completed by anyone who is concerned about an incident.
This form **MUST** be filled out by any staff member who has been made aware of an incident(s).

Please fill out this form with as much information as possible and hand in to the Dignity Act Coordinator, a counselor, or the main office

School: _____

DASA Coordinator: _____

Date the report is being filled out: _____

Name of person filing the report: _____

Identification of person filling out this form:

- **Check all that apply**

I am the alleged victim
 I am the parent or in parental relation to the alleged victim
 I am a student
 I am a staff member reporting an incident
 I witnessed a problem
 I was told about a problem

Contact Information for person filling out this form:

Phone Number: _____

Email: _____

Identify the Alleged Victim

- **Student being bullied, harassed, or discriminated against**

Student's Name: _____

Student's Grade: _____

Identify the Alleged Offender(s)

- **Student(s) or adult(s) who are being accused**

Name _____ student or adult

Name _____ student or adult

The offender is not known

I would best describe the incident(s) as related to the student's:

- **Check all that apply**

Weight
 Height
 Physical Feature
 Clothing
 Disability
 Illness/Allergy
 Positive Academic Achievement
 Participation in an activity (music, art, theater, etc.)

Sexual orientation
 Gender Identity
 Poverty
 Religion
 Cultural Beliefs
 Race
 Other:



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The incident(s) have occurred in the following location(s):

• **Check all that apply**

- | | | | |
|--|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> classroom | <input type="checkbox"/> school bus | <input type="checkbox"/> playground | <input type="checkbox"/> computer lab |
| <input type="checkbox"/> hallway/locker | <input type="checkbox"/> gymnasium | <input type="checkbox"/> locker room | <input type="checkbox"/> parking lot |
| <input type="checkbox"/> cafeteria | <input type="checkbox"/> library | <input type="checkbox"/> athletic field | <input type="checkbox"/> band room |
| <input type="checkbox"/> internet/social media | | <input type="checkbox"/> school entrance/exit | |
| <input type="checkbox"/> at an off-campus school event | | <input type="checkbox"/> off school property | |
| <input type="checkbox"/> other | | | |

The incident(s) has/have involved the following:

• **Check all that apply**

- Physical (direct)** - hitting; punching; tripping; kicking; pushing; scratching; ganging up; extortion; damaging property
- Social/Relational (direct or indirect)** - excluding or threatening to exclude; spreading rumors/gossiping; ostracizing; alienating; using threatening looks/glances
- Verbal (direct)** - name calling; teasing; intimidating; threatening; taunting; making offensive or discriminatory remarks (rude and/or lewd)
- Cyberbullying** - sending insulting messages or threats by email, text messaging, on social media, chat rooms, etc.

Please describe the incident

- **Describe what was said and/or done and by whom**
- **Attach any evidence and an additional sheet for description of the incident, if applicable:**

Is this the first time this has happened? yes no unsure

Date(s) and time(s) of the incident(s) _____

Identify the Alleged Offender(s)

- **Student(s) or adult(s) who are being accused**

Name _____ student or adult

Name _____ student or adult

Name _____ student or adult

Have you reported this situation to anyone else before filing this complaint?

- No
- Yes, I reported this to _____ on _____
- Name Date

Was medical treatment needed by anyone involved in this situation?

- I don't know
- No
- Yes, here is what I know