

Dignity Act Coordinator (DAC) Referral Form

Date: _____ Reporting
Person _____

Date of Incident _____ Referred
by: _____

Names of
Victim(s) _____

—
Names of
Student(s): _____

—
Names of
Witnesses: _____

—

Incident involves:

- | | | |
|--|--|------------------------------|
| <input type="radio"/> National Origin | <input type="radio"/> Sex | <input type="radio"/> Gender |
| <input type="radio"/> Weight | <input type="radio"/> Disability | <input type="radio"/> Race |
| <input type="radio"/> Color | <input type="radio"/> Sexual Orientation | |
| <input type="radio"/> Religion | <input type="radio"/> Ethnic Group | Other _____ |
| <input type="radio"/> Religious Practice | | |

Incident Summary:

DASA Findings:

1. Severity of incident:

- Unfounded**
- Mild:** Counseling and reteaching of expectations
- Moderate:** May require short term individual or group counseling to address concerns
- Severe:** May require above and referral to outside counseling / MD

Refer back to administration Yes / No Name of
Admin _____

Intervention : Concrete recommendation with implementation date and efficacy
measure.

DAC Signature: _____

Date _____

Repeat bullying offender? Yes/no How was parent contacted and what was the outcome?

Please circle building CEW COR WMI RID MS JHS HS

Revised 1/20 (White) Admin, (Green) Dir of MH, (Canary) DAC, (Pink) Clerical, Reporter (Goldenrod)