



DIGNITY FOR ALL STUDENTS ACT: REPORT FORM

REPORT #: _____

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 into the
Dignity Act Coordinator or Building Administrator**

1	Date the report is being completed:	
2	Name of person completing this report:	
3	Identification of person completing this form: *Check all that apply	<input type="checkbox"/> I am the alleged victim <input type="checkbox"/> I am the parent or in parental relation to the alleged victim <input type="checkbox"/> I am a student <input type="checkbox"/> I am a staff member reporting an incident <input type="checkbox"/> I witnessed a problem <input type="checkbox"/> I was told about a problem
4	The best way(s) to reach me: *Fill out all that apply	Phone Number: _____ Email: _____ Come find me here: _____
5	Identify the Alleged Victim(s):	Victim's Name: _____ Grade: _____ Victim's Name: _____ Grade: _____ <input type="checkbox"/> Unknown
6	Identify the Alleged Offender(s): <i>List the name of the student(s) or adult(s) who are being accused</i>	1. Name: _____ <input type="checkbox"/> student or <input type="checkbox"/> adult 2. Name: _____ <input type="checkbox"/> student or <input type="checkbox"/> adult <input type="checkbox"/> The offender is not known.
7	I would best describe the incident(s) as related to the student's: *Check all that apply	<input type="checkbox"/> Weight (over or under) <input type="checkbox"/> Height <input type="checkbox"/> Physical Feature <input type="checkbox"/> Clothing <input type="checkbox"/> Disability <input type="checkbox"/> Illness/Allergy <input type="checkbox"/> Poverty <input type="checkbox"/> Gender Identity <input type="checkbox"/> Religion <input type="checkbox"/> Positive Academic Achievement <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Cultural Beliefs <input type="checkbox"/> Participation in an activity (music, theater, art, etc) <input type="checkbox"/> Race <input type="checkbox"/> Hair <input type="checkbox"/> Other Characteristics _____
8	The incident(s) have occurred in the following location(s): *Check all that apply	<input type="checkbox"/> Classroom <input type="checkbox"/> hallway/locker <input type="checkbox"/> cafeteria <input type="checkbox"/> playground <input type="checkbox"/> school bus <input type="checkbox"/> gymnasium/locker room <input type="checkbox"/> library <input type="checkbox"/> off-campus school event <input type="checkbox"/> internet/social media <input type="checkbox"/> athletic field <input type="checkbox"/> school entrance/exit <input type="checkbox"/> band room <input type="checkbox"/> computer lab <input type="checkbox"/> off school property <input type="checkbox"/> parking lot <input type="checkbox"/> other _____



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9	<p>The incident(s) has/have involved the following:</p> <p><i>*Check all that apply</i></p>	<input type="checkbox"/> Physical (direct)- hitting; punching; tripping; kicking; pushing; scratching; ganging up; extortion; damaging property <input type="checkbox"/> Social/Relational (direct or indirect)- excluding or threatening to exclude; spreading rumors/gossiping; ostracizing; alienating; using threatening looks/glances <input type="checkbox"/> Verbal (direct)- name calling; teasing; intimidating; threatening; taunting; making offensive or discriminatory remarks (rude and or lewd) <input type="checkbox"/> Cyberbullying- sending insulting messages or threats by email, text messaging on social media, chat rooms, etc. <input type="checkbox"/> Other- _____
10	<p>Please describe the Incident</p> <p><i>*Describe what was said and/or done and by whom</i></p> <p><i>*Attach any evidence and an additional sheet for description of the incident if applicable:</i></p>	<p>Is this the first time this has happened?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Date(s) and time(s) of the incident(s): _____</p>
11	<p>Other Witnesses: Please identify any other people who may have witnessed the incident(s).</p> <p><i>*Attach additional sheet if necessary</i></p>	<p>1. Name: _____ <input type="checkbox"/> student <input type="checkbox"/> adult</p> <p>2. Name: _____ <input type="checkbox"/> student <input type="checkbox"/> adult</p> <p>3. Name: _____ <input type="checkbox"/> student <input type="checkbox"/> adult</p>
12	<p>Have you reported this situation to anyone else before filing this complaint?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, I reported this to: _____ on _____ name date</p>
13	<p>Was medical treatment needed by anyone involved in this situation?</p>	<p><input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> Yes, see attached medical/nurse report</p>

To be completed by faculty or administration only

Investigated by: _____ Date received: _____

Action Taken: _____

Material Incident: Yes No

Signature of Investigator: _____ Date(s) of investigation: _____

Cc: Asst. Principal/Principal School Psychologist (as appropriate)
DASA DAC School Social Worker (as appropriate)
Student's Counselor Classroom teacher (SY, L Only)

Attached please find any additional documentation