



Dignity for All Students Act

Reporting Form

This is a form to report alleged bullying or harassment, including cyberbullying. If you are a student target, the parent/guardian of a student target, or a school staff member and wish to report an incident of alleged bullying or harassment, complete this form and return it to the counselor who is the Dignity Act Coordinator at your student’s school. Contact the DASA Coordinator for additional information or assistance at any time.

Please note that all reported incidents may not fall under the Dignity for All Students Act but will be addressed as per the North Rose-Wolcott discipline policies and procedures at the discretion of the building principal.

Reporter Information

Today’s Date: _____

Name of Reporter: _____ Phone: _____ Email: _____

Relationship to the student:

___ Student ___ Student (witness/bystander) ___ Parent/guardian ___ Staff Member

Description of Incident

Date(s) of Incident: _____ Time of Incident: _____

Where did the incident happen (choose all that apply):

___ On school property ___ At a school sponsored activity ___ On school bus ___ Off school property

Place an X next to the statement(s) that best describe what happened (choose all that apply):

___ Physical (including, but not limited to, hitting, kicking, punching, spitting, pushing, taking personal belongings)

___ Verbal (including, but not limited to, taunting, malicious teasing, name calling, making threats)

___ Social/Emotional/Psychological (including, but not limited to, non-verbal actions, spreading rumors, manipulating social relationships, or engaging in social exclusion, extortion, or intimidation)

___ Electronic communications (specify) _____

___ Other _____



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Background: Please describe what happened before, during and after the incident.

Name of witnesses: _____

What steps, if any, have been tried to resolve this issue? _____

Was the student target absent from school as a result of the incident? ___ Yes ___ No

If yes, how many days was the student target absent from school as a result of the incident? _____

Signatures below indicate the above information accurately reflects what was stated during the investigation.

Signature of Reporter: _____ Date: _____

For Office Use Only

Date received by DASA Coordinator: _____

Date founded / unfounded (circle one): _____

Date information placed in School Tool System: _____

Name of Parent/Guardian contacted: _____ Date: _____

Reporting Code: ___ Race ___ Color ___ Origin ___ Religion ___ Weight ___ Disability ___ Orientation
___ Gender ___ Sex ___ Religious Practice ___ Other