

**Incident Reporting Form  
(For District/School Files Only)**

**I. To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident)**

**School District:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Dignity Act Coordinator:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_ **Name of person reporting incident:** \_\_\_\_\_

**Role of person reporting incident** (*Check one*)

Student Target  Student (witness)  Parent/Guardian  Staff Member  Other \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of target: (student being bullied, harassed, or discriminated against)**

\_\_\_\_\_

**Name(s) of alleged**

**offender(s):** \_\_\_\_\_

**Date(s) and time(s) of**

**incident:** \_\_\_\_\_

**What was your involvement in the incident?**

I was directly involved in the incident  I observed the incident  I heard about the incident

**Where did the incident happen?** (*Check all that apply*)

On school property

Cafeteria

On a school bus

Classroom

Gym

Off school property

Hallway

Locker Room

Electronic Communication

Bathroom

At a school function

Other (describe): \_\_\_\_\_

\_\_\_\_\_

**Type of incident** (*Check all that apply*)

- Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
- Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
- Abuse (actions or statements that put an individual in fear of bodily harm)
- Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
- Other (describe): \_\_\_\_\_

**Who was involved in the incident?**

- Student
- Employee
- Both student and employee

**Describe the specific nature of the incident. What happened?** (*Be as specific as possible*).  
**What did the alleged offender say or do? Include any copies of text messages, emails, etc. if possible.**

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*(Add extra pages if needed)*

**If there were any adults in the area when this happened, what did they do?**

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**Types of bias involved (if known):** *(Check all that apply)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Religion           | <input type="checkbox"/> Sex                      |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Other<br>(describe)_____ |
| <input type="checkbox"/> Weight/size     | <input type="checkbox"/> Disability         |   |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Sexual orientation |   |
| <input type="checkbox"/> Ethnic group    | <input type="checkbox"/> Gender             |   |

**Names of others who may have witnessed the incident:**

\_\_\_\_\_

**Was the student absent from school as a result of the incident?**

- No       Yes    Number of days student was absent: \_\_\_\_\_

**Does the situation continue to occur?**       Yes       No

**What do you think should be done about the situation?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whichever you are most comfortable with) for information or assistance at any time.**