



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	☐ 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
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: _____ ☐ 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: _____ ☐ student or ☐ adult 2. Name: _____ ☐ student or ☐ adult ☐ The offender is not known.
7	I would best describe the incident(s) as related to the student's: *Check all that apply	☐ Weight (over or under) ☐ Height ☐ Physical Feature ☐ Clothing ☐ Disability ☐ Illness/Allergy ☐ Poverty ☐ Gender Identity ☐ Religion ☐ Positive Academic Achievement ☐ Sexual Orientation ☐ Cultural Beliefs ☐ Participation in an activity (music, theater, art, etc) ☐ Race ☐ Hair ☐ Other Characteristics _____
8	The incident(s) have occurred in the following location(s): *Check all that apply	☐ Classroom ☐ hallway/locker ☐ cafeteria ☐ playground ☐ school bus ☐ gymnasium/locker room ☐ library ☐ off-campus school event ☐ internet/social media ☐ athletic field ☐ school entrance/exit ☐ band room ☐ computer lab ☐ off school property ☐ parking lot ☐ other _____



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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.
- ☐ Other- _____

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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): _____

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Other Witnesses:

Please identify any other people who
may have witnessed the incident(s).**Attach additional sheet if necessary*

1. Name: _____ ☐ student ☐ adult
2. Name: _____ ☐ student ☐ adult
3. Name: _____ ☐ student ☐ adult

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Have you reported this situation to
anyone else before filing this complaint?☐ No ☐ Yes, I reported this to:

_____ on _____

name date

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Was medical treatment needed by
anyone involved in this situation?

- ☐ I don't know
- ☐ No
- ☐ Yes, see attached medical/nurse report

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
DASA DAC
Student's Counselor

School Psychologist (as appropriate)
School Social Worker (as appropriate)
Classroom teacher (as appropriate)

Attached please find any additional documentation