INCIDENT REPORTING FORM DIGNITY FOR ALL STUDENTS ACT

Retaliation or threats of retaliation against any person involved in an investigation of harassment, discrimination, or bullying is a violation of the law. If you believe you are a subject of such action as a result of your cooperation with this investigation, please contact the Dignity Act Coordinator at your school (list of coordinators is located in the Code of Conduct booklet).

Person Completing this Form:	Data & Time of Incidents
Person Completing this Form: Date:	Date & Time of Incident:
	Location of Incident:
Name:	Alleged perpetrator(s):
Address: Contact Information: (Telephone number and email address)	
Contact information: (Telephone number and email address)	Witnesses:
Relationship to Student on whose behalf you are reporting:	
o Parent	Behaviors Observed: (Check those that apply)
o Relative	 Teasing
o Friend	 Pushing, Kicking, Hitting
O Teacher	 Tripping, pinching, spitting,
Other: (please explain)	o Threats
	o Restraining movement
	o Stalking
	o Social exclusion
INCIDENT INFORMATION	o Spitting
	o Name calling
Name of Student(s) subjected to harassment/discrimination (target)	o Spreading rumors
Name(s):	o Intimidation
Birth date:	Negative facial gestures Publiciand an action information to athors
School Attending: Grade:	Publicized negative information to others
Characteristics (actual or perceived) of the Targeted Student (Check	Negative communications
those that apply)	StealingInsults
o Race	G
o Weight	
 Sexual Orientation 	o Other (List):
 Color 	Provide a detailed description of the incident(s) reported including a
 Gender 	statement of how and when you first became aware of them. Please
 Religion 	provide any written information you have to support the allegations
 National Origin 	(i.e., written statements, medical reports, e-mails etc.) Please use a
 Gender Identity/Expression 	separate sheet if necessary.
o Religious Practice	separate sheet if necessary.
 Ethnic Group 	
 Disability 	
Other (Describe)	
Behavior Observed (please include the date, time, place, name of	
person(s) engaging in alleged harassment or discrimination of the	
student, witnesses, etc. If you need additional sheets please copy.	
	What actions, if any, were taken in response to incident described
	above.?
	above.?
	What observable changes have you seen in the student since the time
	the reported incident(s)occurred:(i.e. attendance, grades, social
	engagement, feelings about self and others, antisocial behaviors, self
	destructive behaviors, withdrawal, depression, etc.) (Please provide
	documents and consent for any medical reports relating to this
	statement.)
	· · · · · · · · · · · · · · · · · · ·