



DASA INCIDENT REPORTING FORM

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(s): _____

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)
- Abuse (actions or statement that put an individual in fear of bodily harm)
- Cyber bullying (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 specific as possible*). What did the alleged offender say or do? Include any copies of text message, emails, etc., if possible.

(Add extra pages if needed)

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

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

- Race
- Religion
- Sex
- Color
- Religious practice
- Weight/size
- Disability
- National origin
- Sexual Orientation
- Ethnic group
- Gender
- Other (describe) _____

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 or Dignity Act Coordinator for information or assistance at any time.