

## DIGNITY FOR ALL STUDENTS ACT:

REPORT FORM

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).

**REPORT** #

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Please fill out this form with as much information as possible and hand into the Dignity Act Coordinator, A Counselor or the Main Office	
Date the report is being filled out:	
Name of person filing the report:	
Identification of person filling out this form: • Check all that apply	<ul> <li>I am the alleged victim</li> <li>I am the parent or in parental relation to the alleged victim</li> <li>I am a student</li> <li>I am a staff member reporting an incident</li> <li>I witnessed a problem</li> <li>I was told about a problem</li> </ul>
The Best Way(s) to Reach Me:	Phone number:
• Fill Out All That Apply	Email: Come find me here:
Identify the Alleged Victim	Student's Name:
	Student's Grade:
Identify the Alleged Offender (s)	1.Name adult
List the name of student(s) or adult(s) who are being accused	<ul> <li>2.Name □ student or □ adult</li> <li>□ The offender is not known</li> </ul>
I would best describe the incident(s) as related to the students: • Check all that apply	<ul> <li>Weight (over or under)</li> <li>Height</li> <li>Physical Feature</li> <li>Clothing</li> <li>Disability</li> <li>Illness/Allergy</li> <li>Positive Academic Achievement</li> <li>Participation in an activity (music, theater, art, etc.)</li> <li>Sexual orientation</li> <li>Gender identity</li> <li>Poverty</li> <li>Religion</li> <li>Cultural Beliefs</li> <li>Race</li> <li>Other characteristics:</li> </ul>
The incident(s) have occurred in the following location(s): • Check all that apply	<ul> <li>□ classroom □ hallway/locker □ cafeteria □ playground</li> <li>□ school bus □ gymnasium/locker room □ library</li> <li>□ at an off-campus school event □ internet/social media</li> <li>□ athletic field □ school entrance/exit □ band room</li> <li>□ computer lab □ off school property □ parking lot □ other</li> </ul>



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<ul> <li>9 The incident(s) has/have involved the following:</li> <li>• Check all that apply</li> </ul>	<ul> <li>Physical (direct)—hitting; punching; tripping; kicking; pushing; scratching; ganging up; extortion; damaging property</li> <li>Social/Relational (direct or indirect)—excluding or threatening to exclude; spreading rumors/gossiping; ostracizing; alienating; using threatening looks/glances</li> <li>Verbal (direct)—name calling; teasing; intimidating; threatening; taunting; making offensive or discriminatory remarks (rude and or lewd)</li> <li>Cyberbullying—sending insulting messages or threats by email, text messaging, on social media, chat rooms, etc.</li> </ul>
10 Please describe the Incident	Is this the first time this has happened? $\Box$ yes $\Box$ no $\Box$ unsure
•Describe what was said and/or done and by whom	Date(s) and time(s) of the incident(s)
• Attach any evidence and an additional sheet for description of the incident if applicable:	
11 Other Witnesses: Please identify any other people who may have	1 Student 🗌 adult
witnessed the incident(s) (Attach additional sheet if necessary)	2 student 🗌 adult
	3 Student 🗌 adult
12 Have you reported this situation to anyone else before filing this complaint?	□ No □ Yes, I reported this to on Name Date
13 Was medical treatment need- ed by anyone involved in this situation	☐ I don't know ☐ No ☐ Yes, here is what I know
	1 DASA COMPLAINT FORM 2017