**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 return to Dignity Act Coordinator, a Counselor or the Main Office.***

**1 Date report is filled out:**

**2 Name of person filing report:**

**3 Identification of person filling out this form:**

***• Check all that apply.***

 **4 Best way to reach me:**

***• Fill out 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.

Phone number Email

Come find me here

**5 Identify alleged victim:**

Student’s Name

Student’s Grade

 **6 Identify alleged offender(s):**

***• List name of student(s) or adult(s) who is being accused.***

1. Name

2. Name The offender is not known.

Student Adult Student Adult

**7 I would best describe the incident(s) as related to the student’s:**

***• Check all that apply.***

**8 The incident(s) has occurred in the following location(s):**

***• Check all that apply.***

Weight (over or under) Height Physical Feature Clothing Disability Illness/Allergy Positive Academic Achievement Participation in an activity (music, theater, art, etc.)

Sexual orientation Gender identity Poverty Religion

Cultural Beliefs Race Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom Hallway/locker Cafeteria Playground School bus Gymnasium/locker room Library

At an 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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**9 The incident(s) has 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, social media, chat rooms, etc.)

**10 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)

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

1.

2.

Student Adult

Student Adult

3.

Student Adult

**12 Have you reported this situation to anyone else before filing this complaint?**

**13 Did anyone in the situation need medical treatment?**

No

Yes, I reported this to on .

Name Date

I don’t know No

Yes, here is what I know:

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