

Incident Reporting Form
(For District/School Files Only)

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: _____

e of person reporting incident: _____

Role of person reporting incident (Check one)

Student Target	<input type="checkbox"/>	Sp	<input type="checkbox"/>	6	<input type="checkbox"/>	Ó	<input type="checkbox"/>	6
----------------	--------------------------	----	--------------------------	---	--------------------------	---	--------------------------	---

Date(s) and time(s) of incident: _____

What was your involvement in the incident?

I was directly involved in the incident I observed the incident I h

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)

Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)

Abuse (actions or statements that put an individual in fear of bodily harm)

Cyberbullying (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 as specific as possible*).
What did the alleged offender say or do? Include any copies of text messages, 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 p Ó