



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: _____ **Today's Date:** _____

Name of person reporting incident: _____

Role of person reporting incident: *(Check one)*

Student Target Student *(witness)* Parent/Guardian Staff Member Other

Name of target(s): (student being bullied, harassed, or discriminated against)

Name(s) of alleged offender(s): _____

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

Did this incident occur during regular school hours? Yes No

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)*

<input type="checkbox"/> On school property	<input type="checkbox"/> Off school property
<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Locker Room
<input type="checkbox"/> On a school bus	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Gym	<input type="checkbox"/> Sports Team
<input type="checkbox"/> At school function	<input type="checkbox"/> Electronic Communication
<input type="checkbox"/> Other _____	

Type of Incident:

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)
 Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures)
 Other (describe): _____

Who was involved in the incident?

- Student Employee Both student and employee

Describe the specific nature of incident. What happened? *(Be as specific as possible, including injuries sustained).* **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, who was it AND what was their involvement?

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

- | | | |
|------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Gender identification |
| <input type="checkbox"/> Weight/Size | <input type="checkbox"/> Disability | <input type="checkbox"/> Socio/Economic |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Gender | (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, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.