

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: _____

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)
- 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)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Other
(describe)_____ |
| <input type="checkbox"/> Weight/size | <input type="checkbox"/> Disability | |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Sexual orientation | |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Gender | |

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 (whichever you are most comfortable with) for information or assistance at any time.