

Bullying, harassment, hazing and discrimination are serious and ***will not be tolerated***. Please use this form to report alleged bullying, harassment, hazing or discrimination that occurred on school property, at a school sponsored activity or event (on or off school property), on a school bus, or cyberbullying that occurred on or off school campus. **Any person** (student, parent/caregiver, faculty/ staff member, etc.) **observing or who is a target** of bullying, harassment, hazing or discrimination should use this form to **report their observation**. Please complete and return this form to the principal or Dignity Act Coordinator. *For additional information or assistance, please contact the school.*

Today's Date: _____

Name:				Phone/Email:	
Person filling out this form is:	<input type="checkbox"/> Student	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Parent/Caregiver	<input type="checkbox"/> Other: _____	
Did you witness the incident?	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Date(s) of Alleged Incident:				Time of Incident:		
Name of Alleged Target:						
School:	<input type="checkbox"/> Elementary	<input type="checkbox"/> Jr./Sr. High	Grade:		Homeroom/ Teacher:	

Name of Alleged Offender(s)	School	Grade	Homeroom/ Classroom Teacher
	<input type="checkbox"/> Elementary <input type="checkbox"/> Jr./Sr. High		
	<input type="checkbox"/> Elementary <input type="checkbox"/> Jr./Sr. High		
	<input type="checkbox"/> Elementary <input type="checkbox"/> Jr./Sr. High		

Name of Possible Witness(es)	School	Grade	Homeroom/ Classroom Teacher
	<input type="checkbox"/> Elementary <input type="checkbox"/> Jr./Sr. High		
	<input type="checkbox"/> Elementary <input type="checkbox"/> Jr./Sr. High		
	<input type="checkbox"/> Elementary <input type="checkbox"/> Jr./Sr. High		

Where did the incident happen? Choose all that apply.

- ☐ Classroom
 ☐ Playground/ Recess
 ☐ Hallway
 ☐ Cafeteria
 ☐ School Bus
☐ Library
 ☐ Athletic Event
 ☐ Field Trip
 ☐ Electronically/ Cyberspace
☐ Other: _____

Please put a check next to the statement(s) that best describe what happened. Choose all that apply.

- ☐ Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- ☐ Getting another person to hit or harm the student
- ☐ Teasing, name-calling, making critical remarks, or threatening (in person or by other means)
- ☐ Demeaning remarks or students being made the target of a joke
- ☐ Making rude or threatening gestures
- ☐ Excluding or rejecting the student or asking another person to turn against the student
- ☐ Intimidating (bullying), extorting, or exploiting
- ☐ Spreading harmful rumors or gossip
- ☐ Cyberbullying
- ☐ Other: _____

What did the alleged offender(s) say or do? *Use additional paper if necessary and attach any supporting documents (i.e. copies of emails, notes, photos, etc.)*

Did a physical injury result from this incident? ☐ NO ☐ YES (no medical attention needed) ☐ YES (medical attention needed)
☐ Evaluation by school nurse ☐ Other medical intervention (please specify): _____

Is there any additional information you would like to provide?

Please complete and return this form to the principal or DASA Coordinator. Thank you.