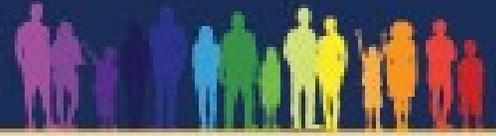


This form **CAN** be completed by anyone who is concerned about an incident.  
This form **MUST** be filled out by any staff member who has been made aware of an incident (s).

Please fill out this form with as much information as possible, and return to Dignity Act Coordinator, a Counselor or the Main Office.

<p><b>1</b> Date report is filled out:</p>	
<p><b>2</b> Name of person filing report:</p>	
<p><b>3</b> Identification of person filling out this form:</p> <p>• Check all that apply.</p>	<p><input type="checkbox"/> I am the alleged victim.  <input type="checkbox"/> I am the parent or in parental relation to the alleged victim.  <input type="checkbox"/> I am a student.  <input type="checkbox"/> I am a staff member reporting an incident.  <input type="checkbox"/> I witnessed a problem.  <input type="checkbox"/> I was told about a problem.</p>
<p><b>4</b> Best way to reach me:</p> <p>• Fill out all that apply.</p>	<p>Phone number _____          Email _____          Come find me here _____</p>
<p><b>5</b> Identify alleged victim:</p>	<p>Student's Name _____          Student's Grade _____</p>
<p><b>6</b> Identify alleged offender(s):</p> <p>• List name of student(s) or adult(s) who is being accused.</p>	<p>1. Name _____ <input type="checkbox"/> Student <input type="checkbox"/> Adult          2. Name _____ <input type="checkbox"/> Student <input type="checkbox"/> Adult  <input type="checkbox"/> The offender is not known.</p>
<p><b>7</b> I would best describe the incident(s) as related to the student's:</p> <p>• Check all that apply.</p>	<p><input type="checkbox"/> Weight (over or under) <input type="checkbox"/> Height <input type="checkbox"/> Physical Feature <input type="checkbox"/> Clothing  <input type="checkbox"/> Disability <input type="checkbox"/> Illness/Allergy <input type="checkbox"/> Positive Academic Achievement  <input type="checkbox"/> Participation in an activity (music, theater, art, etc.)  <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender identity <input type="checkbox"/> Poverty <input type="checkbox"/> Religion  <input type="checkbox"/> Cultural Beliefs <input type="checkbox"/> Race <input type="checkbox"/> Other _____</p>
<p><b>8</b> The incident(s) has occurred in the following location(s):</p> <p>• Check all that apply.</p>	<p><input type="checkbox"/> Classroom <input type="checkbox"/> Hallway/locker <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground  <input type="checkbox"/> School bus <input type="checkbox"/> Gymnasium/locker room <input type="checkbox"/> Library  <input type="checkbox"/> At an off-campus school event <input type="checkbox"/> Internet/social media  <input type="checkbox"/> Athletic field <input type="checkbox"/> School entrance/exit <input type="checkbox"/> Band room  <input type="checkbox"/> Computer lab <input type="checkbox"/> Off school property <input type="checkbox"/> Parking lot <input type="checkbox"/> Other _____</p>





<p><b>9</b> The incident(s) has involved the following:</p> <ul style="list-style-type: none"> <li>• Check all that apply.</li> </ul>	<p><input type="checkbox"/> <b>Physical (direct)</b>—hitting, punching, tripping, kicking, pushing, scratching, ganging up, extortion, damaging property</p> <p><input type="checkbox"/> <b>Social/Relational (direct or indirect)</b>—excluding or threatening to exclude, spreading rumors/gossiping, ostracizing, alienating, using threatening looks/glances</p> <p><input type="checkbox"/> <b>Verbal (direct)</b>—name calling, teasing, intimidating, threatening, taunting, making offensive or discriminatory remarks (rude and/or lewd)</p> <p><input type="checkbox"/> <b>Cyberbullying</b>—sending insulting messages or threats (by email, text messaging, social media, chat rooms, etc.)</p>
<p><b>10</b> Please describe the incident:</p> <ul style="list-style-type: none"> <li>• Describe what was said and/or done and by whom.</li> <li>• Attach any evidence and an additional sheet for description of the incident if applicable.</li> </ul>	<p>Is this the first time this has happened? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Date(s) and time(s) of the incident(s) _____</p>
<p><b>11</b> Please identify any other people who may have witnessed the incident(s). (Attach additional sheet if necessary)</p>	<p>1. _____ <input type="checkbox"/> Student <input type="checkbox"/> Adult</p> <p>2. _____ <input type="checkbox"/> Student <input type="checkbox"/> Adult</p> <p>3. _____ <input type="checkbox"/> Student <input type="checkbox"/> Adult</p>
<p><b>12</b> Have you reported this situation to anyone else before filing this complaint?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, I reported this to _____ on _____.</p> <p style="text-align: center;">Name <span style="margin-left: 150px;">Date</span></p>
<p><b>13</b> Did anyone in the situation need medical treatment?</p>	<p><input type="checkbox"/> I don't know <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, here is what I know: _____</p>