



DIGNITY FOR ALL STUDENTS ACT:

REPORT FORM



Directions: Fill out as much as you can—don't delay handing in form if you don't have answers to all the questions

CiT i Program/or Location: _____ **Today's date:** _____

Role of person reporting incident (Check one): Anonymous report by someone other than a staff member

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

Name of Person Filing the Report (as applicable) _____

Phone: _____ **Email:** _____

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

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

If not known, please provide as much description of the person as possible: _____

Who was involved in the incident? (Check all that apply) Student Employee Other: _____

To the best of your knowledge what is the date and time of the incident(S): _____

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"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off school property	<input type="checkbox"/> Locker Room	<input type="checkbox"/> At a school function
<input type="checkbox"/> Electronic Communication:		<input type="checkbox"/> Other (describe):		

Type of mistreatment (Check all that apply)

<input type="checkbox"/>	Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
<input type="checkbox"/>	Verbal threats (gossip, name-calling, put-downs, being mean, taunting, making threats)
<input type="checkbox"/>	Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
<input type="checkbox"/>	Abuse (actions or statements that put an individual in fear of bodily harm)
<input type="checkbox"/>	Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
<input type="checkbox"/>	Other (describe):

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"/> Color	<input type="checkbox"/> Weight/Size	<input type="checkbox"/> National origin	<input type="checkbox"/> Ethnic group
<input type="checkbox"/> Religion	<input type="checkbox"/> Religious practice	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender
<input type="checkbox"/> Sex	<input type="checkbox"/> Other (describe):			

Name(s) of others who may have witnessed the incident:

Was the mistreated student absent from school as a result of the incident?

No Yes, Number of days student was absent: _____

Describe the impact this incident has had on the student (target):

Does the situation continue to occur? Yes No

What does the mistreated student think should be done about the situation?

DASA Coordinators 2022-23

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