



**Motivational Factor(s):**

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged incident(s).

- Race
- Color
- Religion/Religious Practices
- Weight
- National Origin
- Ethnic Group
- Gender, Gender Identify or Expression
- Sexual Orientation
- Sex
- Disability
- Other actual or perceived characteristics -  
- (Specify) \_\_\_\_\_

**Injuries:**

Has any physical injury or injuries resulted from this/these incident(s)?  Yes  No

If yes, was medical treatment required?  Yes  No

If yes, what were the injuries that required medical treatment? \_\_\_\_\_

Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply.

- Physical or emotional harm
- Creation of a hostile educational environment
- Substantial disruption of interference with orderly operation of school or rights of others
- Severe or pervasive interference with student’s schooling or educational performance

**Witnesses:**

Identify below any witnesses or others who you know or have reason to believe may have relevant information regarding the alleged incident. Indicate if student, parent, staff member or other.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of person completing report**

\_\_\_\_\_  
**Date**

\*\* Any person reporting an incident of harassment, discrimination, and/or bullying in good faith is protected from liability claims.

**Please submit this completed form to the Principal or Dignity Act Coordinator.**

**For Administrative Use Only:**

**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Date DAC received incident report:** \_\_\_\_\_

**Date Principal was notified of incident:** \_\_\_\_\_