Your Name: ___________________________ Tel. #: ___________________________
Email Address: ___________________________

Date(s) of Incident(s): _______________________________________________________
Time of Incident(s): _______________________________________________________

Names of People Involved: Grade: Alleged Role in Incident (victim or offender)

___________________________________________________________________________

Location of Incident(s): (Check all that apply)

___ School property (Please specify) ____________________________________________
___ On a school bus (specify bus #, and AM or PM Route ___________________________
___ School Function/event, (specify) ____________________________________________
___ Off school property, (specify/describe) ______________________________________

Description of the Incident(s): Please describe the nature of the alleged incident and include any relevant gestures and/or written, verbal or physical act(s) and/or any electronic communication. Attach additional sheets if necessary.

___________________________________________________________________________

_____________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Is there a history of incidents involving the same alleged offender(s)? Please describe.

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

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

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? _______________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
___ 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: ________________________________