

Incident Reporting Form (For District/School Files Only)



I. To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident)

School District:	Sch	ool:
Dignity Act Coordinator:	Position:	
Today's date:N	ame of person reporting in	ncident:
Role of person reporting incident	dent (Check one)	
□ Student Target □ Student (wi	itness) Parent/Guardian	Staff Member Other
Phone:	Email:	
Name of target: (student bein		
Name(s) of alleged offender(s		
Date(s) and time(s) of inciden	it:	
What was your involvement i	in the incident?	
□ I was directly involved in the	e incident I observed the in	ncident I heard about the incident
Where did the incident happe	en? (Check all that apply)	
□ On school property	□ Cafeteria	□ On a school bus
□ Classroom	□ Gym	□ Off school property
□ Hallway	□ Locker Room	□ Electronic Communication
□ Bathroom	□ At a school function	
Other (describe):		

Type of incident (Check all that apply)		
□ Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)		
□ Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making		
threats)		
□ Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)		
□ Abuse (actions or statements that put an individual in fear of bodily harm)		
□ Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures		
(sexting))		
□ Other (describe):		
Who was involved in the incident?		
□ Student □ Employee □ Both student and employee		
Describe the specific nature of the incident. 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)		

Types of bias involved (if known): (Check all that apply)		
□ Race □ Religion □ Sex		
□ Color □ Religious practice □ Other		
(describe)		
□ Weight/size □ Disability		
□ National origin □ Sexual orientation		
□ Ethnic group □ Gender		
Names of others who may have witnessed the incident:		
Was the student absent from school as a result of the incident?		
□ No □ Yes Number of days student was absent:		
Does the situation continue to occur? Yes No		
What do you think should be done about the situation?		
You can contact the school administrator, Dignity Act Coordinator, counselor, or other		
staff member (whoever you are most comfortable with) for information or assistance at any time.		