

**DIGNITY FOR ALL STUDENTS INCIDENT REPORTING FORM**

Name of Student Target: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Person Reporting Incident: \_\_\_\_\_ (circle one): Parent Student Staff Other

Describe the incident including date, time, and location.

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List the names of the alleged offender(s):

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List the name of witnesses:

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List any actions taken by staff in response to incident (please see reverse side for examples):

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*I certify that all statements on this form are accurate and true to the best of my knowledge.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to the building principal, assistant principal or DASA Coordinator.

Note on confidentiality:

In order to investigate the complaint, the content of the complaint will be disclosed only to those persons who have a need to know or as required by law. This form will not be shown to the accused except where required by law.

Note: This form is not required to report an act of bullying, discrimination, hazing and/or harassment.

Next Steps

Person Responsible

Date

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For DASA Coordinator Use Only:

Circle discrimination/harassment category:

Race                      Gender                      Sex                      Color                      Weight                      National Origin  
Ethnic Group                      Religion                      Religious Practice                      Disability                      Sexual Orientation

Indicate Location: School Property      Bus      School Function

Indicate type of Discrimination/Harassment: Physical Contact      Verbal Threats      Intimidation      Abuse

Indicate person responsible for conduct: Student      Employee of District