# Dignity For All Students Reporting Form

**Date/Time:** ____________  **Reporting Person:** ________________________________________________

**Name(s) of victim(s):**  **Alleged perpetrators**  **Witnesses if any.**

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<th>Name</th>
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**Type of Harassment, Bullying, or Discrimination** (circle all that apply):

- Called Mean Names
- Excluded
- Hit, Kicked, Punched
- Told Lies or False Rumors
- Threatened
- Racial Comments
- Sexual Comments
- Jokes/Stories

**Other (explain):** ________________________________________________________________

**Incident was based on actual or perceived** (please check all that apply):

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

**Other (specify):** ________________________________________________________________

**Where did the incident take place?** (Circle all that apply):

- Field/Court
- Hallway
- In class with Teacher
- Locker Room
- In class without Teacher
- Bathroom
- Line-up area
- Lunchroom
- School Event
- To/From School
- Bus Stop
- Bus
- Electronic (i.e. Facebook, Texting)

**Specify/Other:** ________________________________________________________________

**People the Victim has spoken to about the incident** (circle all that apply):

- Teacher
- Other Adult at School
- Parent/Guardian
- Sibling
- Friend

**Description of each incident, by date:**

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**Other relevant information:**

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-----------------------------------------------------------------------------For office use only-----------------------------------------------------------------------------

**Parent Contact?** Yes ____ No _____  **Referral?** Yes ____ No _____

**Remedy, outcome or resolution sought by complainant:**

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