

Dignity For All Students Reporting Form

Date/Time: _____ **Reporting Person:** _____

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

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:

Other relevant information:

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

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

Remedy, outcome or resolution sought by complainant:
