

Dignity Act Incident Reporting Form

Name of Reporter _____ Date of Report _____

Relationship to student on whose behalf you are reporting: _____

Name of student (target) subjected to harassment/bullying/discrimination: _____

Grade of target _____

Name of suspect(s) _____ Grade of suspect(s) _____

List any witnesses: _____

Provide a brief description of the incident (include date, time and place of behaviors).

The behaviors are suspected of being based upon the following characteristics (actual or perceived) of the target (check all that apply)

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

Check where behaviors have been observed. Check all that apply.

Auditorium Locker Room Bathroom Dining Hall
 School Bus Off Campus Hallway Classroom
 On-line Recess Library
 Other: _____

Signature of Person Completing Report _____ Date: _____

FOR ADMINISTRATIVE USE:

Prior instances of harassment/bullying/discrimination on the part of the suspect, and the consequences imposed:

Investigation of Allegations

- No further investigation required
- Further investigation required. Person conducting investigation: _____
- Persons interviewed. (Statements attached)
 - _____ Date: _____
 - _____ Date: _____
 - _____ Date: _____
 - _____ Date: _____
- Documents Reviewed (list and describe):
 - _____
 - _____
 - _____

Conclusions

- I find that the target was the victim of harassment, bullying, or discrimination.**
 - I find insufficient evidence to conclude that the target was the victim of harassment, bullying, or discrimination.**
 - Due to the target's lack of cooperation in the investigation, I do not have sufficient evidence upon which to find that harassment, bullying, or discrimination occurred.**
 - Comments:** _____
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If harassment, bullying, or discrimination is found, check the specific actions taken to prevent and stop the behavior(s).

____ After School Detention ____ Mediation with Adult ____ Bus Suspension
____ Out of School Suspension ____ Conference w/ student ____ Superintendent's Hearing
____ Assigned bus seat ____ In School Suspension ____ Warning
____ Lunch Detention

Additional comments: _____

Parent(s) of Target contacted by: _____ Date: _____

Parent(s) of Suspect contacted by: _____ Date: _____

Summary of conversations with parents: _____

Follow-Up Activities and person responsible for follow-up:

Signature of Administrator _____ **Date** _____