

**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:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Dignity Act Coordinator:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**e of person reporting incident:** \_\_\_\_\_

**Role of person reporting incident** (*Check one*)

Student Target	Sp	6	Ó	6
----------------	----	---	---	---

**Date(s) and time(s) of incident:** \_\_\_\_\_

**What was your involvement in the incident?**

I was directly involved in the incident    I observed the incident    I h    A

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)*

**If there were any adults in the area when this happened, what did they do?**

---

---

---

---

---

---

**Types of bias involved (if known):** *(Check all that apply)*

Race

Religion

Sex

Color

Religious p Ó