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) Sp 6 Ó Student Target 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 Ιh A Hallway Locker Room **Electronic Communication** Bathroom At a school function Other (describe): _____

Type of incident (C	heck all that apply)	
Physical contact (k	cicking, punching, spitting, tripp	ing, pushing, taking belongings)
Verbal threats (gos threats)	ssip, name-calling, put-downs, te	easing, being mean, taunting, making
Psychological (nor	n-verbal actions, spreading rumo	ors, social exclusion, intimidation)
Abuse (actions or	statements that put an individual	in fear of bodily harm)
Cyberbullying (mi (sexting))	susing technology/social media	to harass, tease, threaten, post pictures
Other (describe): _		
Who was involved i	n the incident?	
Student	Employee	Both student and employee
possible.		
	(Add extra page	es if needed)
If there were any ac	dults in the area when this hap	pened, what did they do?

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

Race Religion Sex

Color Religious p Ó