



DIGNITY FOR ALL STUDENTS ACT REPORTING FORM

The Dignity Act prohibits discrimination and/or harassment of students on school property and at school functions by students or school employees. Harassment can include the use, both on and off school property, of information technology to deliberately harass or threaten others.

Note: Retaliation or threats of retaliation against any person involved in the reporting or investigation of harassment, discrimination, or bullying is a violation of the law. Additionally, any individual who knowingly makes a false statement on this form, or impedes subsequent investigations may be subject to civil liability.

Your name: _____ **Date:** _____

Phone _____ **e-mail:** _____

Relationship to Student on whose behalf you are reporting:

Friend Self Teacher Parent Other: _____

Name of Student subjected to harassment or discrimination: _____

School attending: _____ **Grade (if known):** _____

Characteristics [actual or perceived] targeted *CHECK THOSE THAT APPLY:*

Race Color National Origin Ethnic Group
 Weight Gender Gender Identity / Expression Disability
 Sexual Orientation Religion Religious Practice
 Other [Describe] _____

Behaviors observed/ reported (*CHECK THOSE THAT APPLY*)

Teasing Tripping, pinching, spitting Negative facial gestures
 Spitting Spreading rumors Stalking
 Stealing Graffiti Publicized negative information to others
 Pushing, kicking, hitting Threats Social exclusion
 Name calling Intimidation Negative communications
 Insults Restraining movement Other:

Location(s) where behaviors were observed/reported to occur (*CHECK THOSE THAT APPLY*)

Auditorium Library Parking Lot
 Bathroom Lunch Detention Playground
 Bus Office Recess Area
 Cafeteria Off Campus (school sponsored) Stairway
 Classroom Off Campus (non-school sponsored) Unauthorized Area
 Gym Online (social media)
 Hallway
 In-School Suspension Room

Has this incident/discrimination been previously reported? Yes No

If yes, to whom and when? _____

Name(s) of the person(s) engaging in the alleged harassment or discrimination of the student:

To the best of your ability, please indicate when the incident occurred: Date: _____ Time: _____

Witnesses (if any): _____

Please provide a detailed description of the incident(s) reported including a statement of how and when you became aware of the alleged occurrence(s). Please provide any written information you have to support the allegations (i.e., written statements, photos, printouts, documents, etc.) Please use a separate sheet if necessary.

What observable changes, if any, have you seen in the student since the time the reported incident occurred: (i.e., attendance, grades, social engagement, feelings about self and others, antisocial behaviors, self-destructive behaviors, withdrawal, depressions, etc.)

Signature: _____ Date: _____

This report must be delivered to your school's Dignity Act Coordinator, or the District Dignity Act Coordinator. Reporting incidents of harassment and/or discrimination is essential to maintaining a safe school environment. An investigation will begin no less than two school days after receipt of this report.

ADMINISTRATIVE USE ONLY

Determination of investigation:

- Based on the findings (notes attached), I find that the student was a target of harassment, bullying or discrimination. Immediate action(s) have been taken. See school safety plan.*
- Based on the findings (notes attached), I find insufficient evidence to conclude that the student was a target of harassment, bullying or discrimination. Code of conduct violations may still exist, separate from this determination.*

Signature: _____ Date: _____

Copy to: Building DAC Principal District DAC School Counselor School Social Worker

Parental notification of findings mailed (date): _____