



Dignity for All Students Reporting Form

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|--|---|--|--|
| Date Reported: | | Reporting Person: | |
| Target(s): | Aggressor(s): | Witnesses/Bystanders: | |
| Type(s) of Bullying/Harassment/Discrimination (Check all that Apply) | | | |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Weight <input type="checkbox"/> National Origin <input type="checkbox"/> Ethnic Group <input type="checkbox"/> Religion <input type="checkbox"/> Religious Practice <input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender <input type="checkbox"/> Sex | <input type="checkbox"/> Other: <input type="checkbox"/> Physical Characteristics <input type="checkbox"/> Age <input type="checkbox"/> Socio-Economic Status <input type="checkbox"/> Health Condition <input type="checkbox"/> Housing <input type="checkbox"/> Domestic Relationship(s) <input type="checkbox"/> Social/Academic Status <input type="checkbox"/> _____ | | |
| Where did the bullying/harassment/discrimination occur (check all that apply)? | | | |
| <input type="checkbox"/> Field/Court <input type="checkbox"/> Hallway <input type="checkbox"/> In class w/staff present <input type="checkbox"/> In class w/out staff present <input type="checkbox"/> Bathroom <input type="checkbox"/> Locker Room <input type="checkbox"/> Lunch <input type="checkbox"/> Line-Up Area <input type="checkbox"/> To/From School <input type="checkbox"/> Bus Stop <input type="checkbox"/> Bus | <input type="checkbox"/> School Sponsored Event <input type="checkbox"/> Electronic (Social Media/Email/Text Message/Voicemail/etc.) <input type="checkbox"/> Outside of School/Bus/Sponsored Events but behavior continued during school, on the bus or at bus stop, or at a school sponsored event <input type="checkbox"/> Specify/Other: | | |
| People the target(s) have spoken to about the bullying/harassment/discrimination: | | | |
| Teacher: | | Other Adult at School: | |
| Parent/Guardian/Sibling: | | | |
| Friend(s): | | | |
| Briefly Describe Incident(s) (use back of form if additional space needed) | | | |
| For Office Use Only | | | |
| Repeat Offender? Yes/No | | Parent/Guardian Contact: Yes/No | |
| Referral? Yes/No Date: | | Incident Founded or Unfounded | |